The 2003 Public Survey About Health and the Health System in Alberta

Conducted by the
Population Research Laboratory
University of Alberta

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for
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The 2003 Survey About Health And the Health System in Alberta

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Executive Summary

Introduction

The Alberta Health Survey has been conducted annually since 1995 to gather information about public perceptions of health and the health system in Alberta. Public survey information is used for developing, monitoring and reporting on several performance measures identified in the Ministry of Health and Wellness three-year Business Plan.

Method

- A representative sample of 4,000 adult Albertans participated in the telephone survey. A survey this size is accurate to within ±2%, 19 times out of 20. Interviews were conducted from March 26 to May 9, 2003.
- A high response rate of 74% was achieved. A high response rate means that one can have confidence that the results of the survey represent the views of all Albertans.
- The survey provides information for each of the Regional Health Authorities for their own planning, monitoring and performance measurement requirements. Accuracy of results for individual regions varies from ±4% to ±10%, depending on regional sample size.

Results

- **Health Status.** Sixty-one per cent (61%) of Albertans reported in 2003 that their health was either very good or excellent, the same percentage as in 2002.
- **Chronic Health Problems.** Twenty-eight per cent (28%) of respondents reported having a chronic health problem or condition requiring regular health services. Ninety-two percent of persons who reported a chronic health problem said that they had the information needed to take care of their problem.
- **Knowledge of Health System.** Sixty-five per cent (65%) of respondents in 2003 said that their knowledge of the health services available to them was excellent or good, compared to 62% in 2002. Thirty-five per cent (35%) indicated that they needed more information about available services, compared to 40% in 2002.

- **Rating of Health System.** Sixty-five per cent (65%) of Albertans rated the health system as either excellent or good in 2003, compared to 62% in 2002.

- **Quality of Care Received.** Eighty-five per cent (85%) of respondents who received health services in the past year reported that quality of care was either excellent or good, compared to 86% in 2002. Eighty-five per cent (85%) of respondents reported that the results of the care they received were excellent or good, compared to 84% in 2002.

- **Quality of Care Received from a Physician.** Albertans who reported receiving health services from a physician rated the quality of care of their most recent visit very highly: 89% indicated that quality of care was excellent or good, and 88% indicated that the results of the care received were either excellent or good. Eighty-one per cent (81%) of respondents reported on the care that they had received from general practitioners while 19% reported on care received from specialists.

- **Quality of Care in Hospital.** Eighty-three per cent (83%) of respondents who had received care at a hospital reported that quality of care received was excellent or good, compared to 81% in 2002. Eighty-four per cent (84%) of respondents reported that the results of the hospital care they received were excellent or good, compared to 85% in 2002. Respondent ratings of the quality of care received in hospital by another household member were 81% in 2003, compared to 78% in 2002.

- **Availability of Services.** Sixty-one per cent (61%) rated the availability of services in their community as excellent or good in 2003, compared to 60% in 2002.

- **Ease of Access to Health Services.** Sixty-two per cent (62%) of Albertans reported that it was easy or very easy to obtain health services in 2003, the same percentage as in the previous year. Respondents most often mentioned long waits as the reason for difficult access.

- **Ease of Access to Physician.** Eighty-nine per cent (89%) of persons who had recently visited their family doctor said it had been easy or very easy to obtain this service. Seventy-six per cent (76%) of persons who had recently visited a medical specialist said it had been easy or very easy to obtain this service. Respondents most often mentioned long waits for appointments and long waits in the doctor's office as reasons for difficult access.

- **Waiting for the Family Physician.** Regarding their most recent visit to a physician, Albertans were asked to indicate how long they waited to see the doctor from the time they made the appointment. Of those respondents whose most recent visit was to a family physician

(n=2365), 40% saw their family doctor on the same day, and an additional 36% saw the doctor in less than one week. Four per cent (4%) reported waiting more than one month.

- **Waiting for the Specialist Physician.** Of those respondents whose most recent visit to a doctor was to a specialist (n=550), 17% of respondents saw the specialist on the same day that they made an appointment and an additional 16% saw the specialist in less than one week. Thirty-nine per cent (39%) reported waiting more than one month.

- **Ease of Access to Hospital.** For those persons who had received emergency care, 74% said that it had been easy or very easy to obtain this service. Sixty-seven per cent (67%) of those who received outpatient hospital care said that it had been easy or very easy to obtain this service and 77% of inpatients indicated that it had been easy or very easy to obtain admission to the hospital. Respondents most often mentioned long waiting times as the reason for difficult access.

- **Waiting for Health Services.** Twenty per cent (20%) of respondents reported that they or a member of their household were waiting for medical treatment, consultation or tests, surgery, or other health services, compared to 22% in 2002. Fifty-seven per cent (57%) of these persons in 2003 were waiting for consultations or tests, 28% were waiting for surgery, 14% were waiting for some other treatment, and 2% were waiting for home care services or long term care placement.

- **Inability to Receive Care.** Eleven per cent (11%) of Albertans reported being unable to receive needed care in 2003, the same percentage as in 2002. However, most of these respondents indicated that they did eventually get the service they needed, either at a later time or at a different location. A little over two per cent said that there was an occasion during the past year when they never received the care they needed.

- **Satisfaction with Health Care.** Eighty-seven per cent (87%) of Albertans were very satisfied or somewhat satisfied with the way the health service they had most recently received was provided to them. Seventy-three per cent (73%) of Albertans were very satisfied or somewhat satisfied with the health care system in Alberta in 2003, compared to 69% in 2002.

1 Introduction

The 2003 Public Survey About Health and the Health System in Alberta follows similar surveys conducted annually beginning in 1995. Since 1996, Alberta Health and Wellness has contracted the Population Research Laboratory (PRL) at the University of Alberta to conduct the annual survey of 4000 adult Albertans. The purpose of the surveys is to obtain the views of the public on the performance of the health system in Alberta.

The 2003 survey questionnaire was administered to a stratified sample of Albertans in each of the province's health regions. While health region boundaries are currently undergoing change, the health regions for this survey were defined by the boundaries from 2001 to facilitate comparisons from 2001 to 2003. The PRL's computer assisted telephone interviewing (CATI) system was used to conduct the survey which took place from March 26 to May 9, 2003. This report details the findings from the survey.

2 Methods

2.1 Survey Instrument

Alberta Health and Wellness established a number of objectives for the survey including the assessment of:

- self-reported health status and health needs
- behavioural and lifestyle contributions to health
- knowledge of health services
- quality of health care services received
- the family's contribution to health care
- availability and accessibility of health care services
- failure to receive needed care
- satisfaction with the health care system and services received
- awareness of statistics or reports on health service performance
- variation by age, gender, and health region

The 2003 survey follows similar surveys conducted annually since 1995. In order to allow for comparison with the data collected in previous years, a number of questions asked in earlier surveys were repeated in the 2003 survey.

A draft form of the 2003 survey instrument was developed by Alberta Health and Wellness and the PRL. This instrument was formatted for use in the PRL's CATI system, and then pretested on a random sample of 30 residents of the Capital Regional Health Authority on March 18, 2003. The purpose of the pretest was to assess the questionnaire for clarity, for ability to generate a strong response rate, and to test the programming of the CATI system. On the basis of the results, minor changes were made in order to better meet the needs of Alberta Health and Wellness. The complete questionnaire is in Appendix B of this report.

The 2003 questionnaire contained several changes from 2002 including the following:

- Questions 7a-d were added in 2003. These questions ask about information and services needed and used to take care of respondents' chronic health problems and conditions.

- In the 2002 survey, respondents were asked about complaints that they had wanted to make or had made about health services that they or a household member had received during the past year (questions 19a-e). These questions were not asked in the 2003 survey.

- In the 2002 survey, respondents were asked if they knew the name of the Health Region in which they lived (question 28). This question was not asked in 2003 given recent changes to RHAs in the province.

2.2 Changes in Regional Health Authority Boundaries

RHA boundaries changed effective April 1, 2003. However, the previous boundaries were used for the 2003 survey because many of the questions refer to services received over the previous 12 months. In addition, using the previous boundaries facilitates the comparison of responses from the 2001, 2002 and 2003 surveys.

2.3 Sampling

The 4000 survey respondents were stratified by RHA, chosen according to age and gender quotas, and weighted in order to provide a representative sample of Albertans 18 or more years of age. It was decided that a minimum of 100 interviews should be conducted in each of the regions. This sample size provides an approximate accuracy level of ±10%, nineteen times out of twenty. In the Calgary RHA, the largest health region, the accuracy level is approximately ±4% while for the entire province the accuracy level is approximately ±2%, nineteen times out of twenty. When examining differences between years, a difference of 3% or larger is significant for provincial estimates, while significant differences for changes within a region range from 6% for the Calgary RHA to 15% for the smallest RHAs, depending on the regional sample size. (For more details on the sampling procedure, see Appendix A.)

In previous surveys, separate sampling quotas were set for persons 65-74 and 75+ years of age. In the 2003 survey, these two age groups were combined to increase the efficiency of data collection. Figure 1 shows that the sampling method used in 2003 produces samples of persons 65-74 and 75+ years of age consistent with their distribution in the population.

2.4 Response Rate

The response rate for the 2003 survey was 74%. The response rates for the surveys from 1996 to 2003 are shown below. (For more details on the calculation of response rates, see Appendix A.) The response rates for these surveys have varied from 74% to 84% during the 1996-2003 period. Given the increasing use of the telephone for telemarketing and with the increased use of answering machines and call display to screen calls, response rates have tended to decline. Nevertheless, the quota sampling design used in this study and repeated call attempts of all telephone numbers in the sample result in a selection of respondents who are representative of the population in terms of age and sex (see Figure 1). Furthermore, comparisons of survey findings from 1996 to 2003 indicate consistency of responses despite fluctuations in the response rate. It is thought that the modest decline in response rates will have minimal impact on the representativeness, generalizability, and validity of the findings of this current survey.

	2003	2002	2001	2000	1999	1998	1997	1996
Completed	4000	4000	4000	4000	4000	4000	4000	4000
Refused	1333	1056	826	898	939	695	961	1125
Incomplete	24	39	42	37	38	35	31	29
Language barrier	74	134	65	77	77	60	117	81
Response rate	74%	77%	81%	80%	79%	84%	78%	76%

2.5 Data Collection and Analysis

The PRL conducted data collection from its research facility at the University of Alberta in Edmonton. Interviewing took place from March 26 to May 9, 2003. Interviewing was scheduled from 9:30 a.m. until 9:00 p.m. on weekdays and from 10:00 a.m. until 4:00 p.m. on Saturdays and 2:00 p.m. until 8:00 p.m. on Sundays. There was no interviewing over the Easter weekend (April 18-21).

After an initial blanket coverage of interviewing in the weekday daytime, interviewing schedules were concentrated in the weekday evening and weekend time periods. Experienced research staff and supervisors monitored the work of the interviewers and any inconsistent data were validated. A small oversample of interviews was completed for use should any of the 4000 surveys not pass the data verification phase. It was not necessary to use the oversample.

Data collected were automatically tabulated using the PRL's CATI system. The data were converted into SPSS-Windows for data analysis. The data were analyzed for wild codes and inconsistencies. "Other" open-ended responses were coded where feasible.

For purposes of province-wide analysis, weights were assigned as described in Appendix A. The weights are not used when the analysis focuses on separate health regions or on the characteristics of the sample itself. The weights are used when the analysis focuses on the province as a whole. A set of weighted province-wide responses was provided to Alberta Health. The data were also provided to Alberta Health and Wellness in machine-readable form.

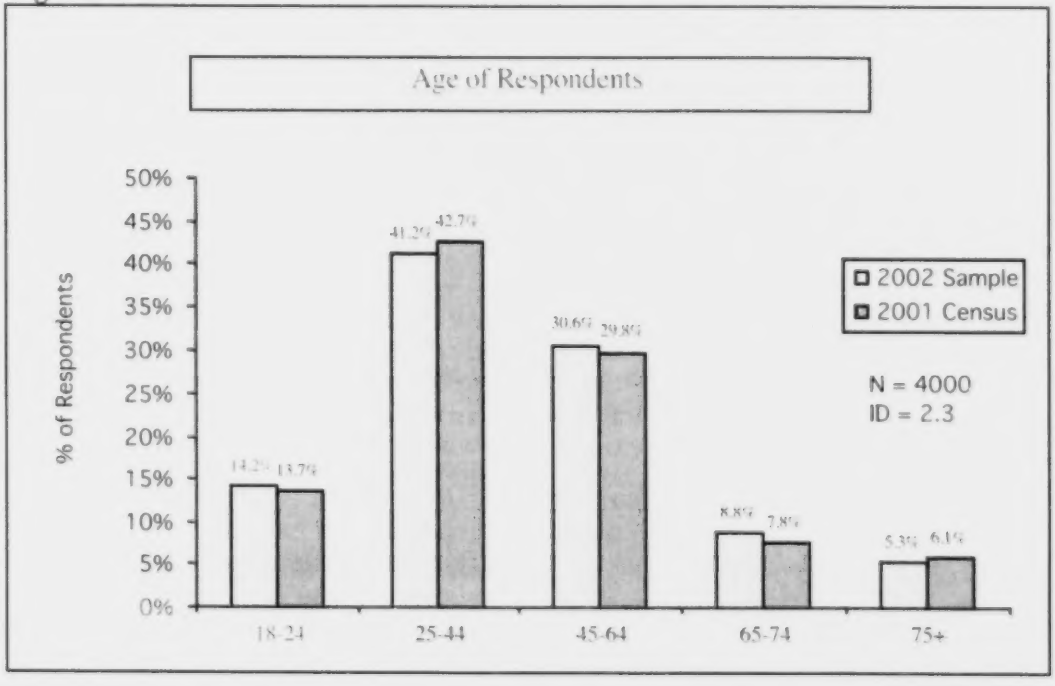
The Chi-square statistic is calculated where appropriate to assess the statistical significance of trends or relationships between variables. A statistically significant pattern is unlikely to be obtained by chance.

2.6 Profile of Respondents

Unweighted data were used to provide a profile of the participants in the survey. The numbers of males and females interviewed were almost equal (1990 males and 2010 females).

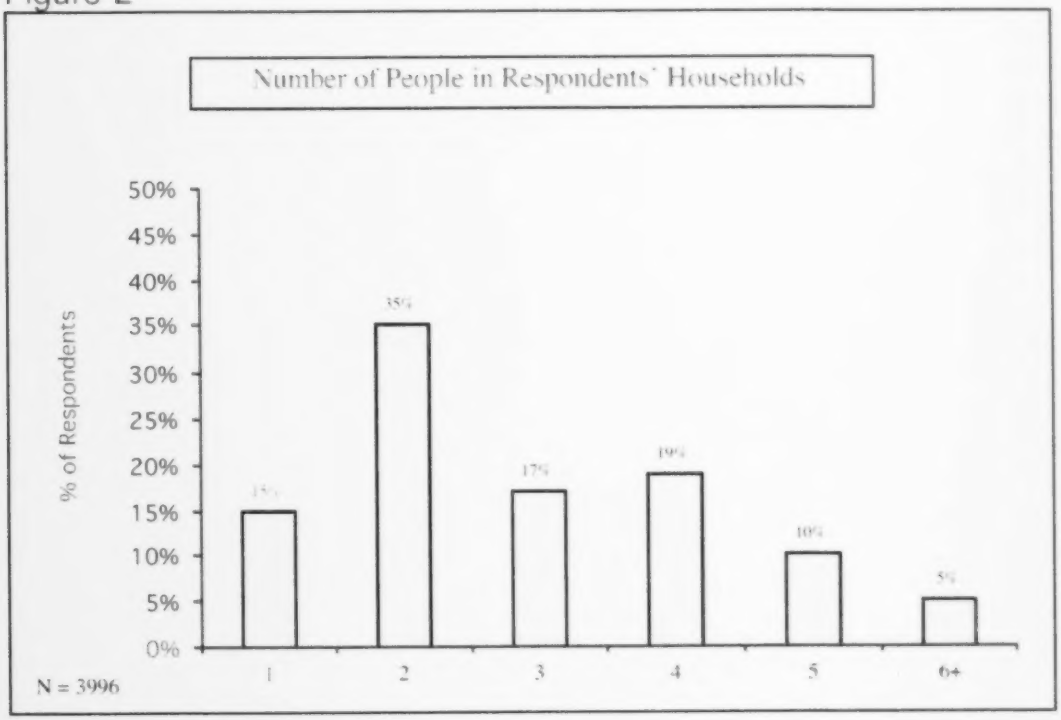
Figure 1 shows the distribution of the population by age groups for persons 18 years of age and older in Alberta for both the 2003 survey sample and the 2001 census. The index of dissimilarity indicates that the survey sample accurately represents the adult population of Alberta. The average respondent was between 25 and 44 years of age.

Figure 1



The median household size was 3 persons and 95% of respondents indicated that their household was made up of from 1 to 5 persons including children (see Figure 2). Median household income was $55,000-59,999 before taxes. The typical respondent had completed high school and had obtained some post-secondary education.

Figure 2



Seventy-seven per cent (77%) of respondents reported that they had personally received health care services in Alberta in the past twelve months.

Thirty-seven per cent (37%) of respondents said that they had seen or read statistics or reports on health service performance in Alberta in the past year. Forty-seven per cent (47%) of these respondents said that the statistics or reports that they had seen were produced by the Ministry of Alberta Health and Wellness. Nineteen per cent (19%) of respondents said that the statistics or reports were not produced by Alberta Health and Wellness while 34% did not know the origin of the statistics or reports that they had seen.

3 Health and Health Service Needs

Respondents were asked about their health status, current health-related habits and lifestyle, recent changes made to improve health, chronic health problems and need for health services (see questions 1 to 7 in Appendix B).

3.1 Health Status

Overall, 60.5% of Albertans rated their health as very good or excellent in 2003 (compared to 61.2% in 2002 and 60.3% in 2001; see Figure 3). In 2003, 21.8% indicated that their health was excellent, 38.6% said that it was very good, 27.9% rated their health as good, 9.2% said it was fair, and 2.5% rated their health as poor.

Figure 4 shows self-reported health status, by health region and year of survey (2003, 2002). In general in 2003, residents in the southern half of the province tended to report higher health status than residents in the northern half of the province. In particular, health status in the Headwaters, Palliser, Health Authority 5, Calgary, and Westview health regions was higher than the provincial average. In the northern half of the province, health status was higher than the provincial average in the Northern Lights health region.

Figure 3

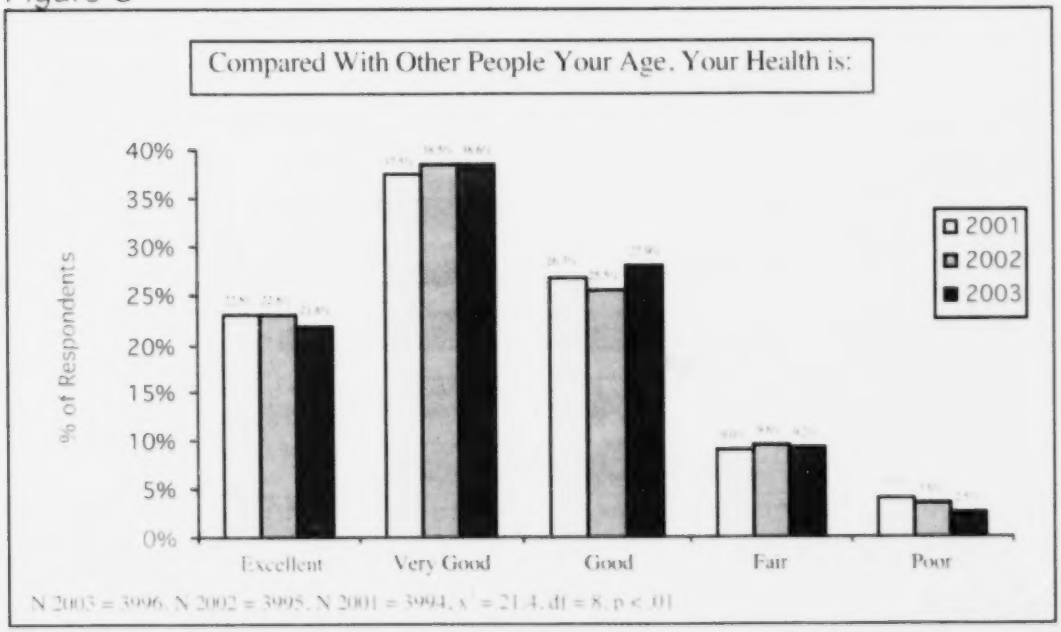
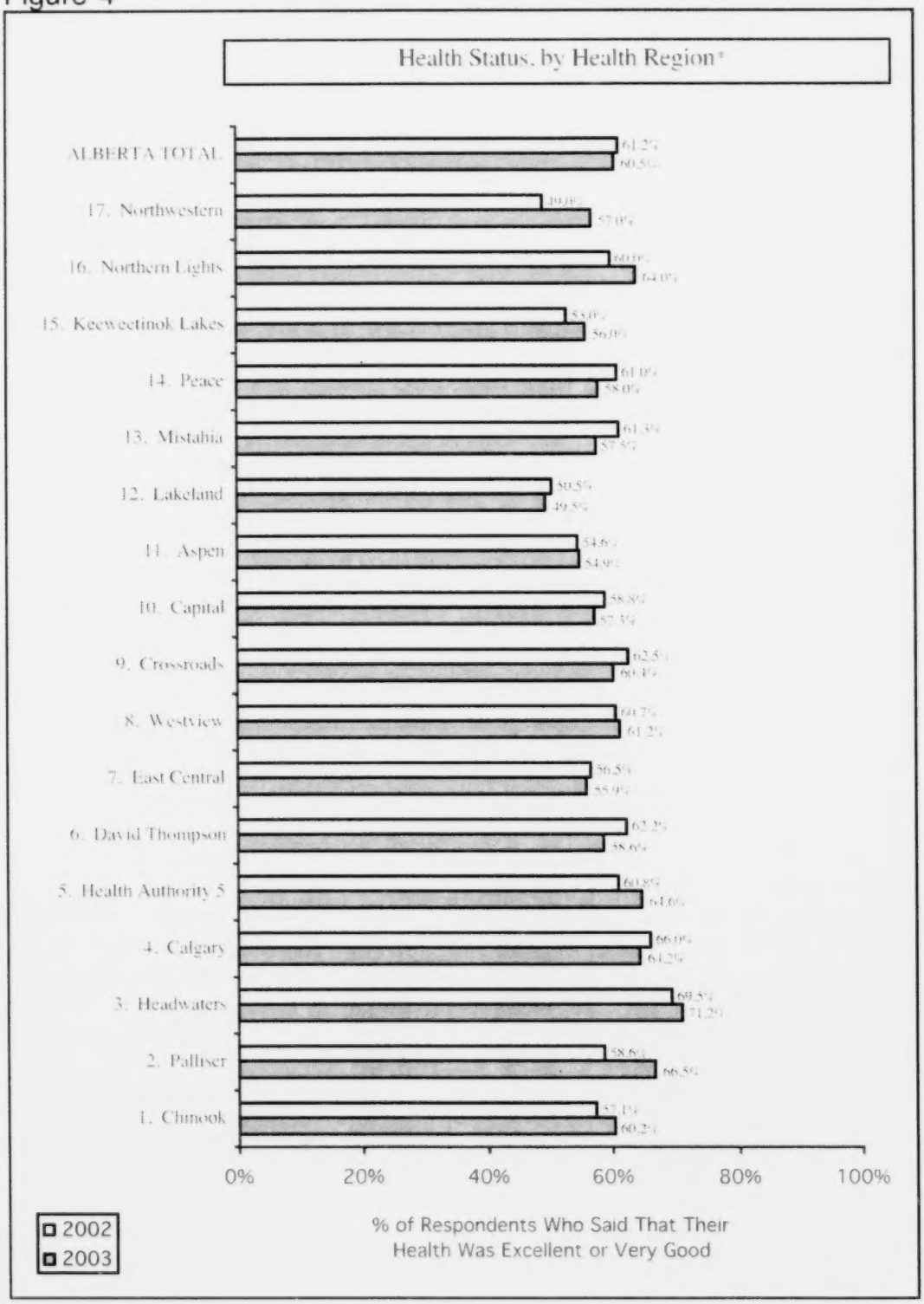


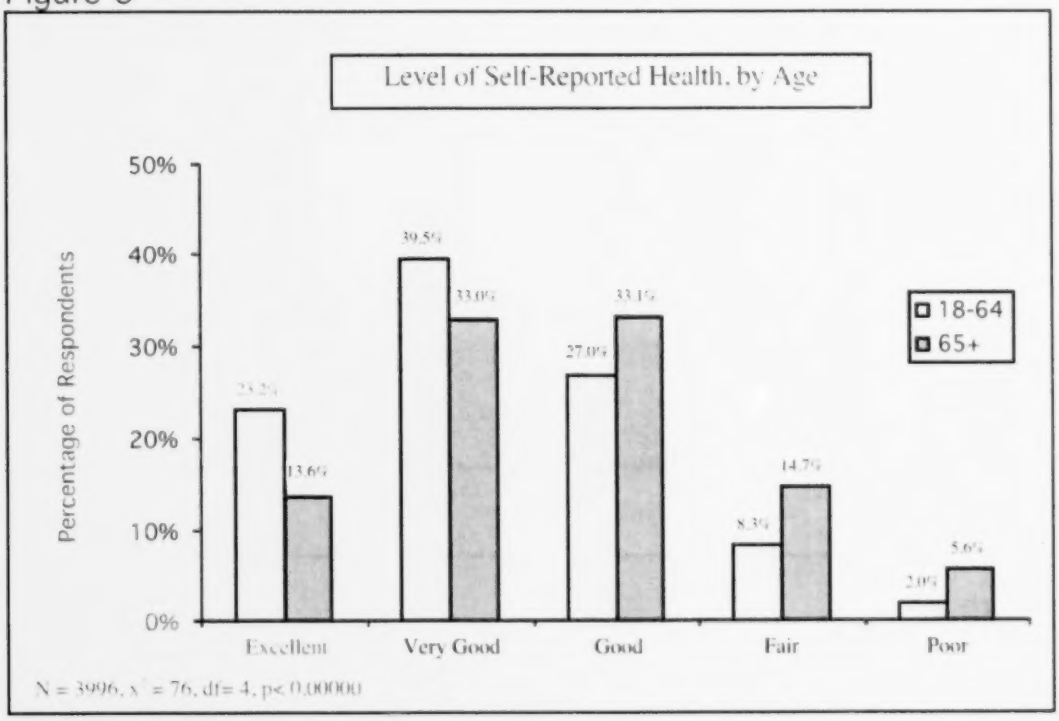
Figure 4



* Health regions shown are up to March 31, 2003. Effective April 1, 2003, there are now nine regions.

Males and females reported similar health levels. However, older persons reported lower health levels than younger respondents (see Figure 5).

Figure 5



The average respondent reported that over the last thirty days they had enjoyed 26.6 days in good physical health, 26.6 days in good mental health, and 27.9 days when they were able to do their usual activities unimpeded by poor physical or mental health.

3.2 Health Habits and Lifestyle

Most respondents considered their habits and lifestyle to be healthy (see Figure 6a). Furthermore, Figure 6b shows that half (51%) of respondents said that they had made changes in the past twelve months to improve their health. Figure 7 indicates that females were more likely than males to have made changes in the past twelve months to improve their health and that younger adults were most likely to have made such changes. Figure 8 shows that the most common changes made in the past twelve months by respondents to improve their health were increased exercise (35% of females and 25% of males), changed diets (27% of females and 19% of males), and quitting or reducing smoking (6% of females and 8% of males).

Figure 6a

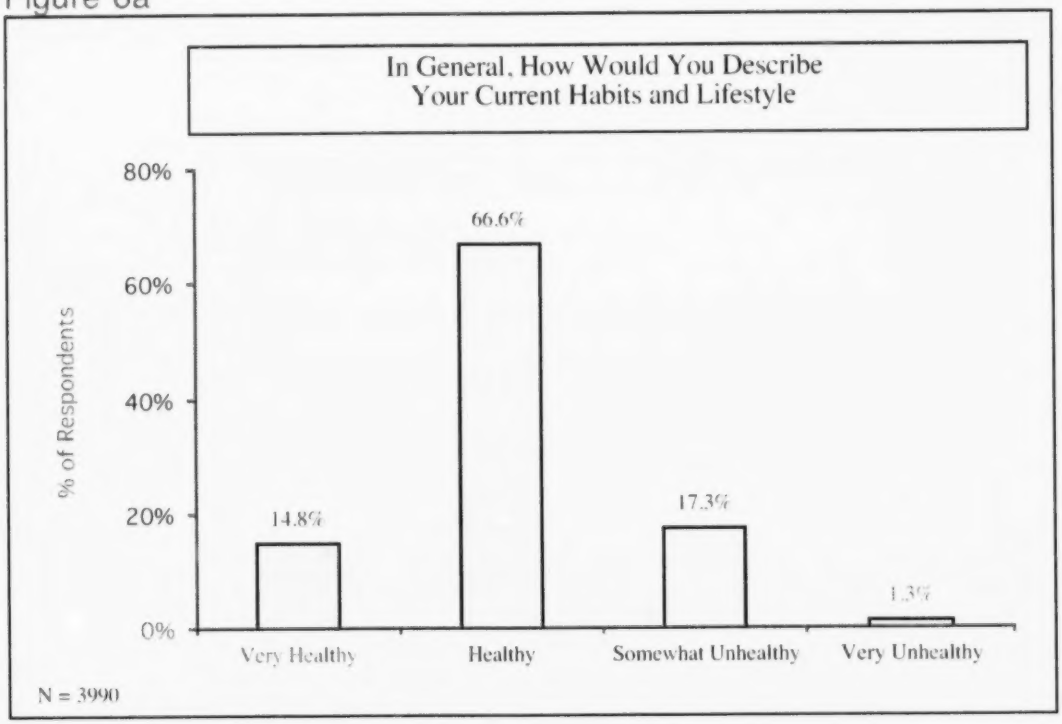


Figure 6b

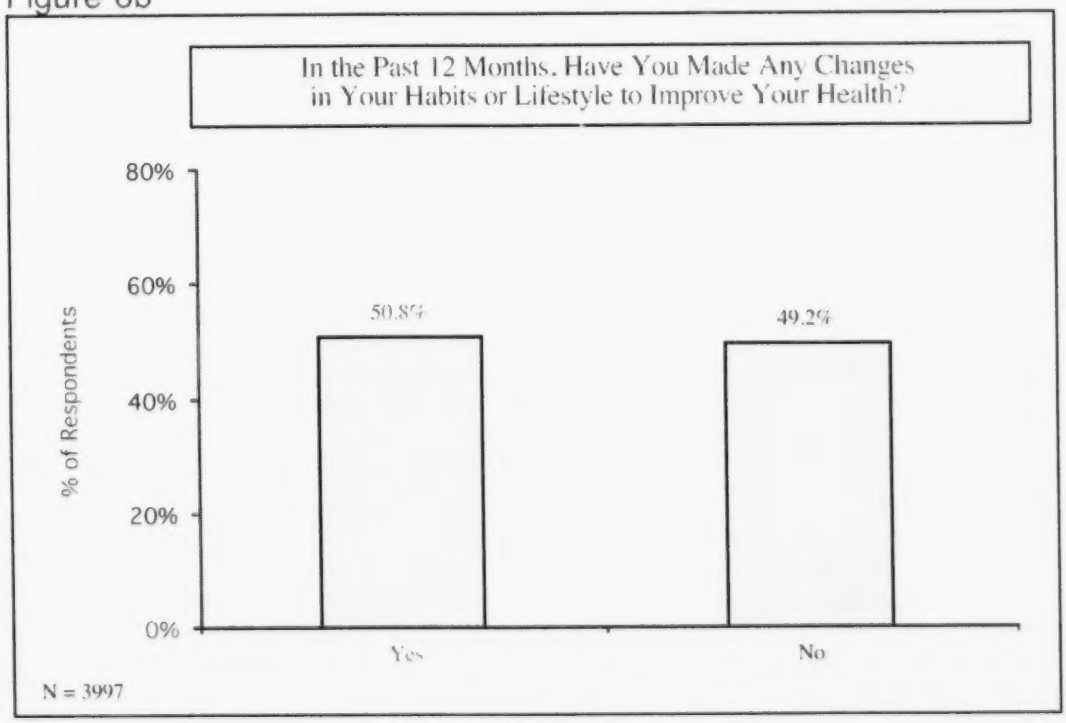


Figure 7

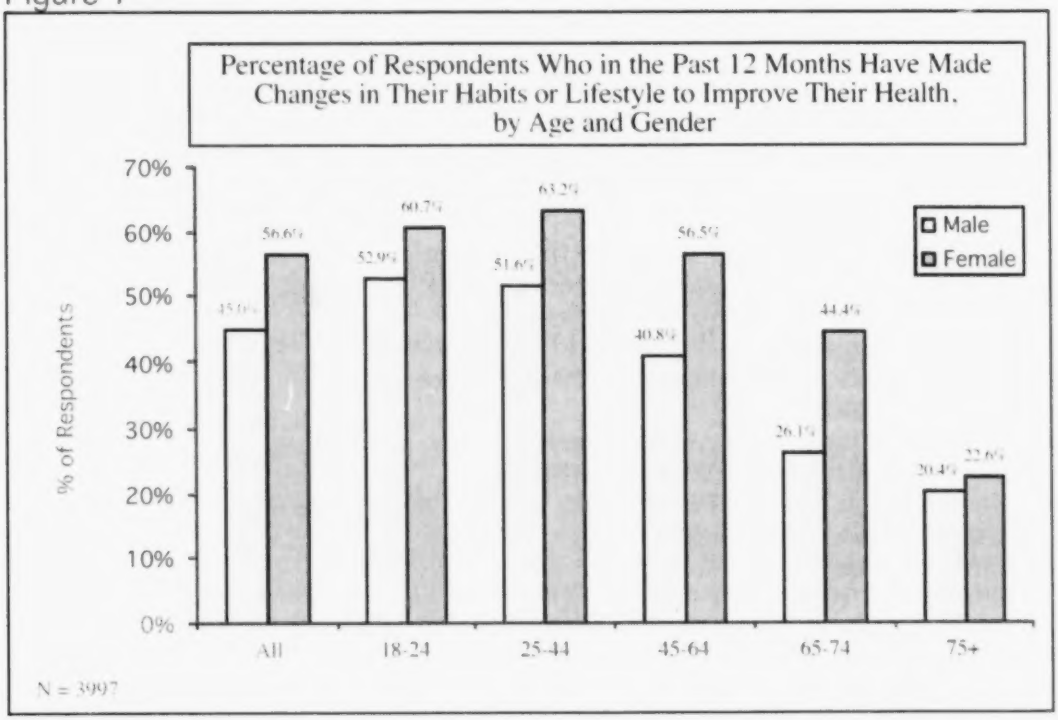
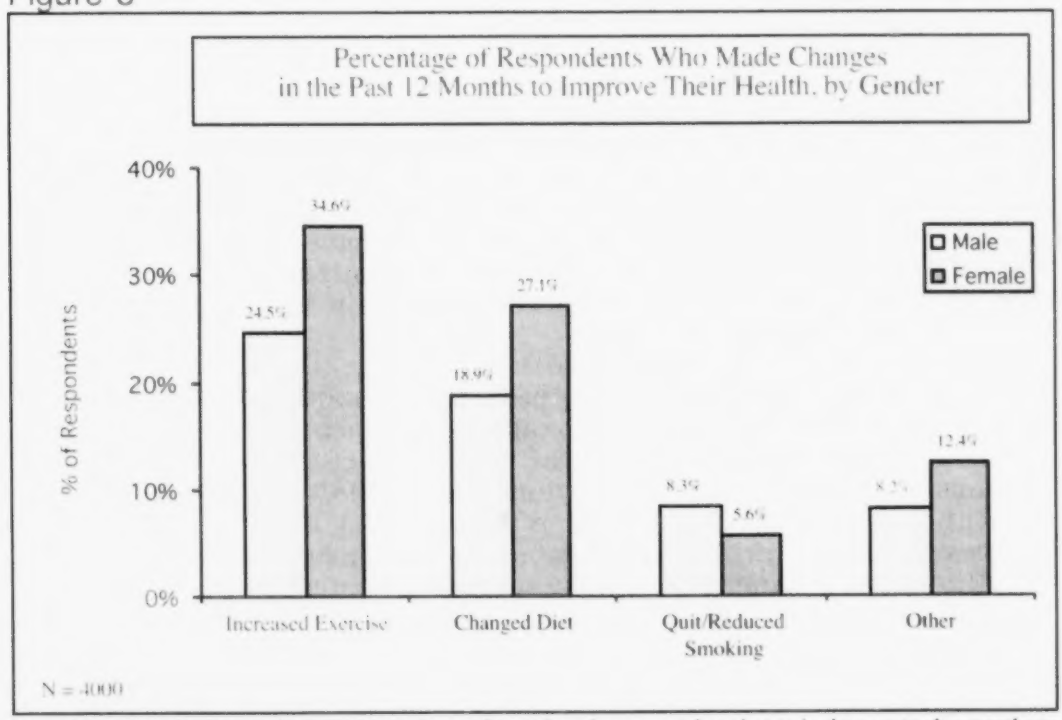


Figure 8



Note: The "Other" category includes respondents who made at least one other change in the past twelve months to improve their health. Less than 5% of respondents made any one of the changes included in the "Other" category.

3.3 Health Service Needs

Twenty-eight per cent (28%) of respondents in 2003 (29% in 2002 and 28% in 2001) reported a chronic health problem that requires regular health services (see Figure 9a). Respondents reported the following health conditions:

• Heart and circulatory diseases (including hypertension)	7.6%
• Muscular or skeletal diseases/conditions (including skin diseases, arthritis, multiple sclerosis)	7.2%
• Diabetes, thyroid, and other endocrine diseases	4.3%
• Asthma and other chronic respiratory diseases	3.3%
• Mental health	2.4%
• Gastro-intestinal diseases (affecting liver, pancreas, stomach, intestines, and gall bladder)	1.8%
• Neurological diseases (including CNS degeneration, fibromyalgia, Parkinson's)	1.7%
• Chronic pain	1.4%
• Cancer (all types)	1.4%
• Genito-urinary (kidneys, bladder, urinary tract)	0.7%
• Allergies	0.5%
• Reproductive (e.g., impotence, fertility)	0.1%

Most respondents (91.5%) with a chronic health problem or condition requiring regular health services said that they had the information they needed to take care of their problem. The remainder (8.5%, n=94) said that they did not have the information they needed. Of those respondents needing more information, 50% said they needed information about the chronic condition, 41% needed information about how to take care of the condition, 14% needed information about the use of medications, 6% about self-testing and self-monitoring, and 10% on behavioural and lifestyle factors. Another 8% wanted information about alternative therapies, 12% on supports available in their community and 2% on self-help groups.

Respondents with a chronic health problem or condition were asked what services they currently use to take care of their problem. The most commonly used services included the general practitioner (64%), medical specialist (29%), diagnostic and testing services (14%), pharmacy and medications (54%) and rehabilitation therapy (7%). Less commonly used services included nutrition services/advice (4%), mental health services (3%), hospital outpatient services (2%), Aids to Daily Living supplies and supports (2%), home care (1%) and emergency hospital services (1%).

Respondents with a chronic health problem were asked what other services, that they were not currently using, would help them to take care of their chronic health problem. Forty-five percent (45%) said that

they did not know of any other services that would be helpful. 21% did not give a response, and 6% indicated that no other services were needed. Respondents with chronic health problems who listed additional needed services that they were not currently using selected the following: rehabilitation therapy (7%), medical specialist (4%), testing and diagnostic services (3%), general practitioner (2%), mental health services (2%), pharmacy/medications (2%), nutrition services/advice (2%), home care (1%) and Aids to Daily Living supplies and supports (1%).

Eight per cent (8)% of respondents in 2003 (compared to 9% in both 2002 and 2001) reported that their need for health services was high (see Figure 9b). Figure 9c shows that 17% of households (compared to 19% in 2002 and 18% in 2001) had a member who had a high level of need for health services.

Females and older age groups were more likely to report chronic health problems which require regular health services (see Figure 10). Figure 11 shows that female respondents under age 65 were more likely than males to report a high level of need for health services in the past year. Finally, the percentage of respondents reporting a high level of need tended to rise with age for males although not for females.

Figure 9a

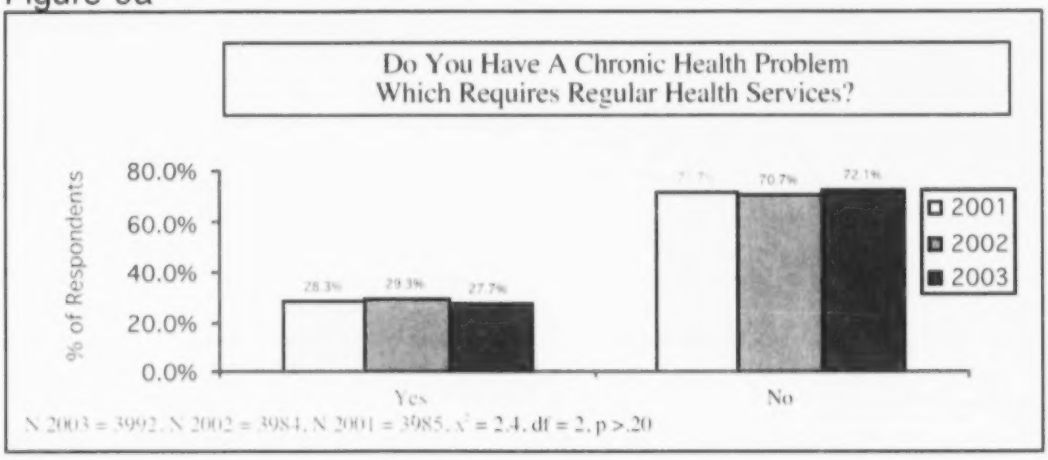


Figure 9b

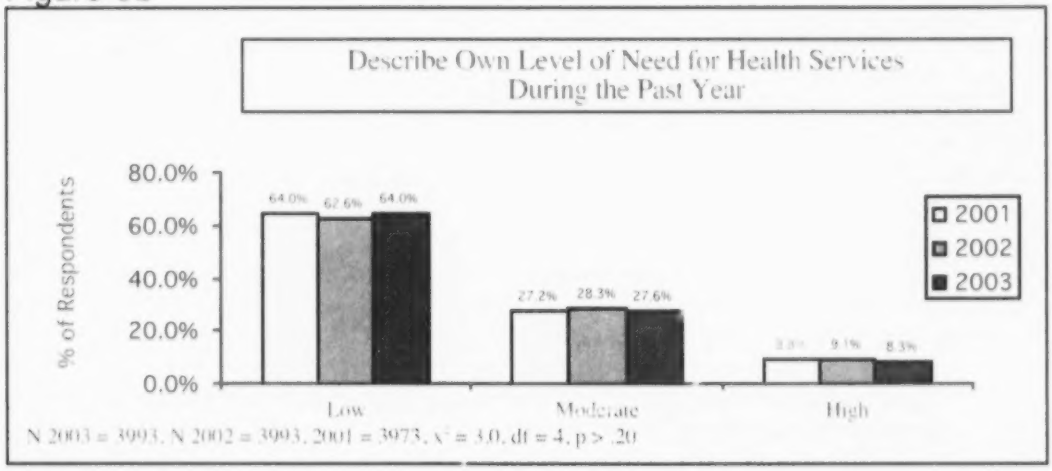


Figure 9c

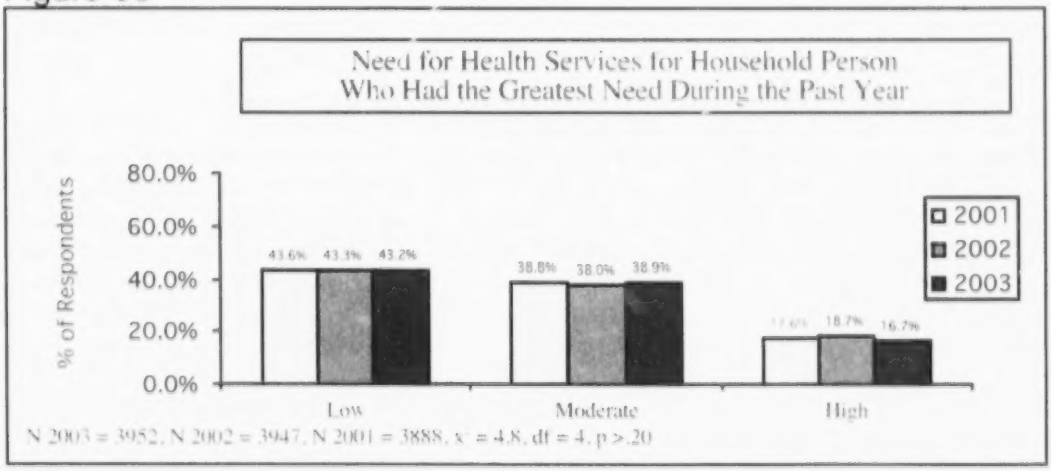


Figure 10

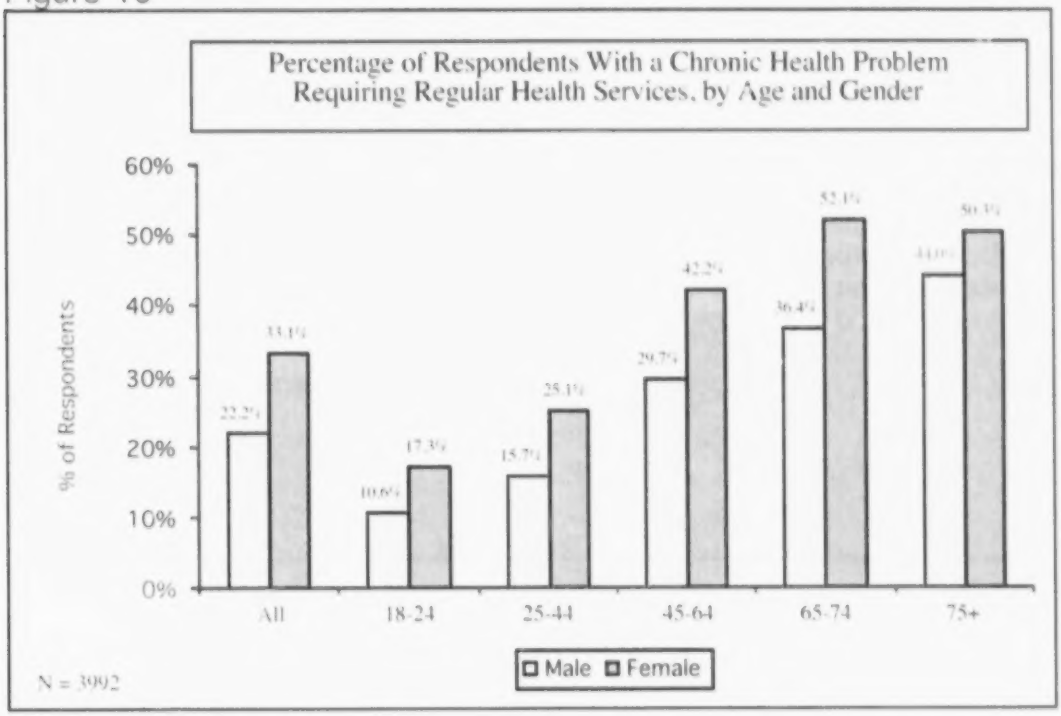
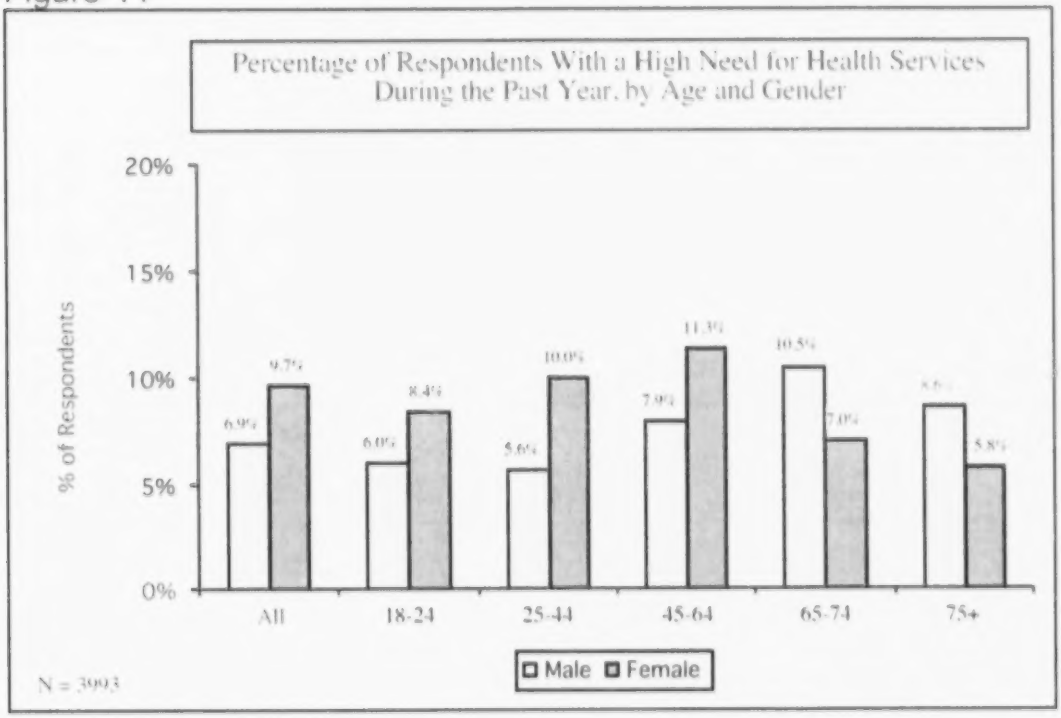


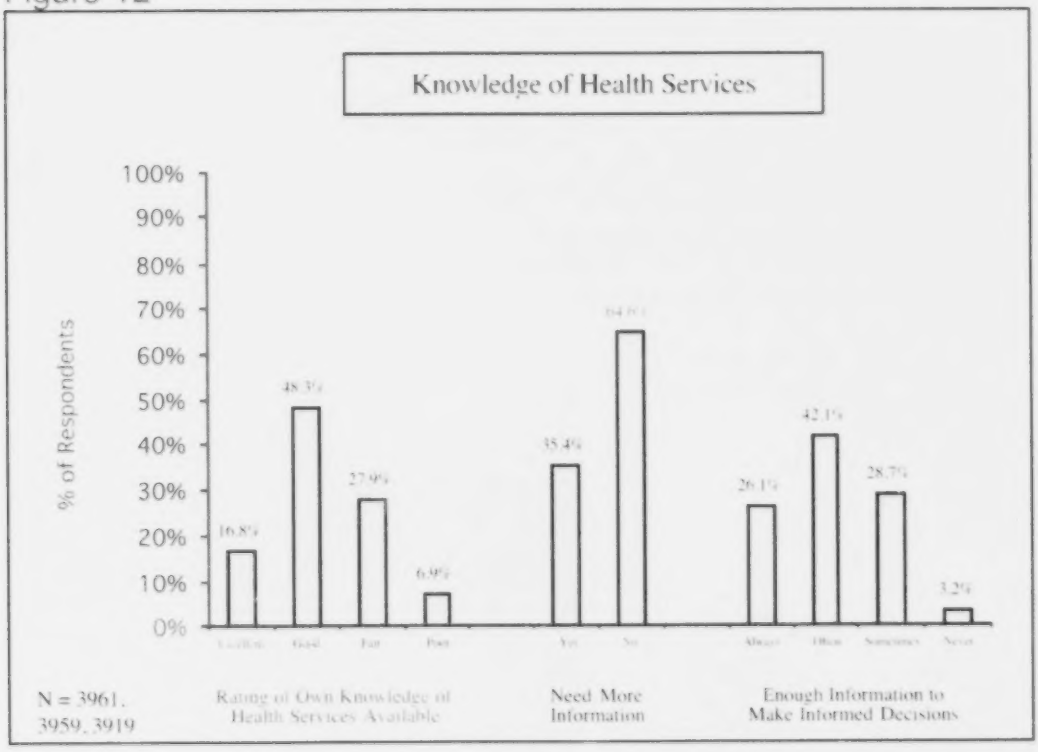
Figure 11



4 Knowledge of Health Services

Respondents were asked several questions about their knowledge of health services (see questions 8, 9 and 20 in Appendix B). Respondents said their knowledge of the health services available to them was either excellent (17%) or good (48%). Thirty-five per cent (35%) of respondents said that they needed more information about the health services that are available to them. Twenty-six per cent (26%) of respondents felt that they always had enough information to make informed decisions about needed health care services while 42% and 29% respectively felt that they often or sometimes had enough information (see Figure 12). These results were similar to those reported in 2002 and 2001.

Figure 12



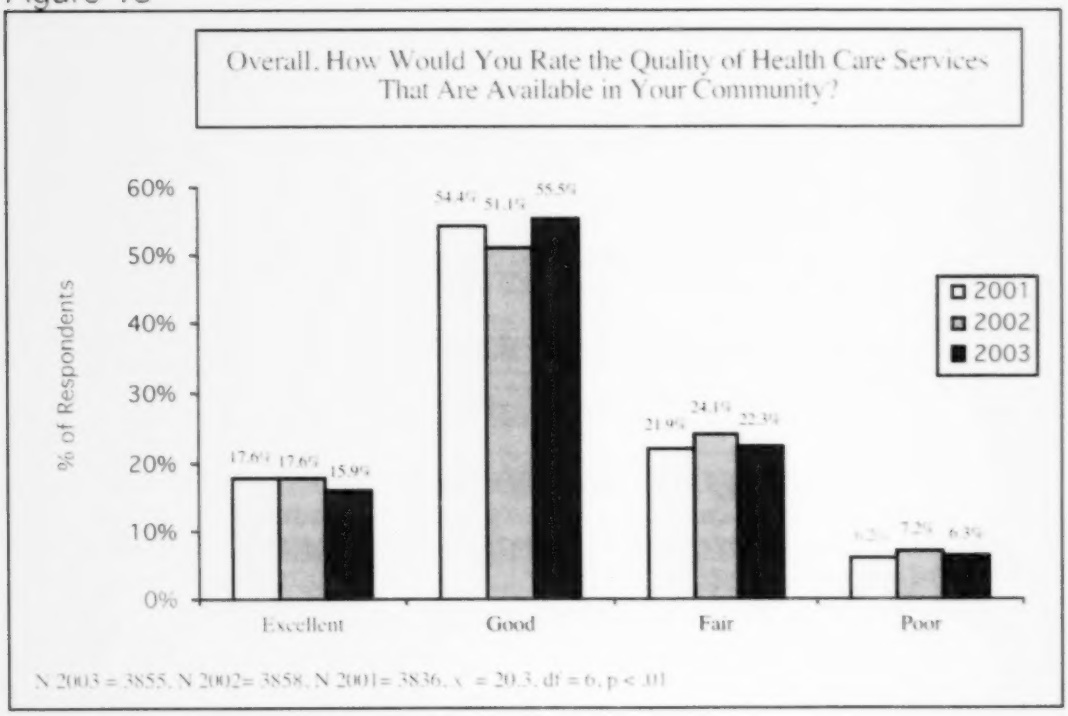
5 Quality of Health Care Services

Respondents were asked to rate the overall quality of health care available in their community, the quality of care personally received, the quality of care received from a physician, and the quality of care received at a hospital (see questions 11 and 14 to 17 in Appendix B.)

5.1 Quality of Health Care Services in the Community

Overall, 71.4% of Albertans rated the quality of health care services available in their community as either good or excellent in 2003 (compared to 68.7% in 2002 and 72.0% in 2001; see Figure 13). These ratings changed significantly from 2002 to 2003 with respondents in 2003 less likely to judge health care services in the community to be fair, poor or excellent and more likely to rate them as good. In 2003, 15.9% of respondents rated the quality of health care services in their community as excellent, 55.5% said quality was good, 22.3% chose fair, while 6.3% said quality was poor.

Figure 13



5.2 Quality of Care Personally Received

A total of 3073 of the 4000 survey respondents (76.8%) had personally received health care service in Alberta in the past twelve months. Overall, 85.3% of Albertans rated the quality of health care services personally received as good or excellent in 2003 (compared to 86.0% in both 2002 and 2001; see Figure 14). These ratings did not change significantly during 2001 to 2003. In 2003, 33.5% of respondents said that the quality of health services that they had personally received was excellent, 51.9% said good, 12.2% chose fair, while 2.4% said quality was poor.

Figure 14

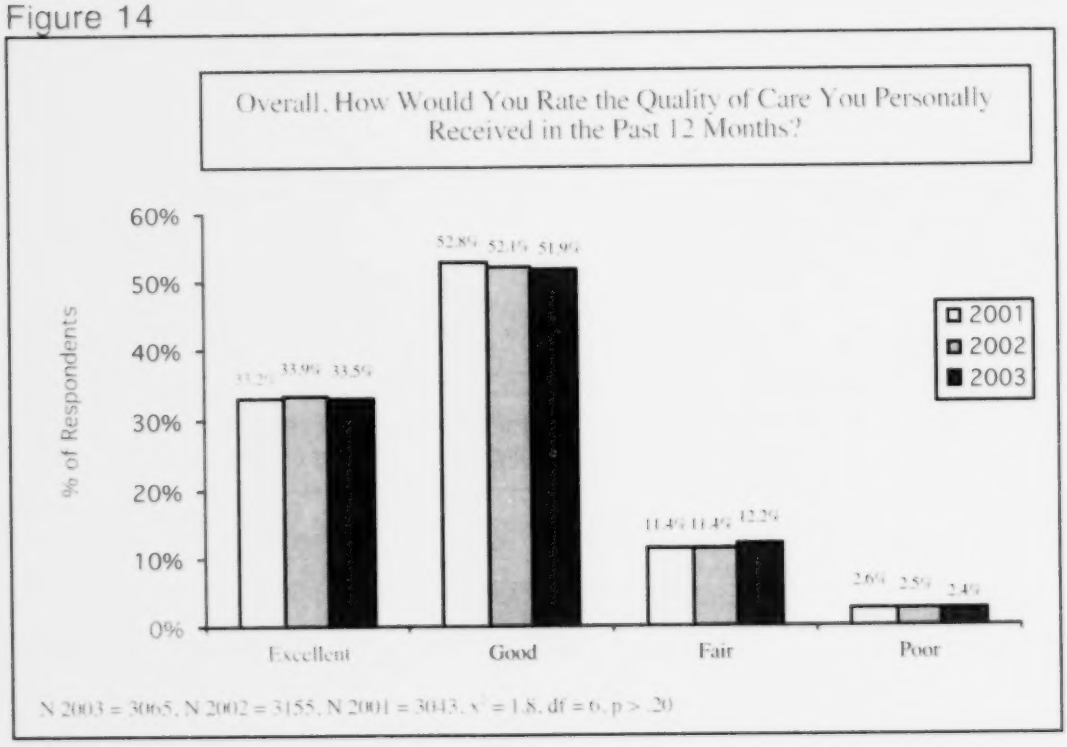
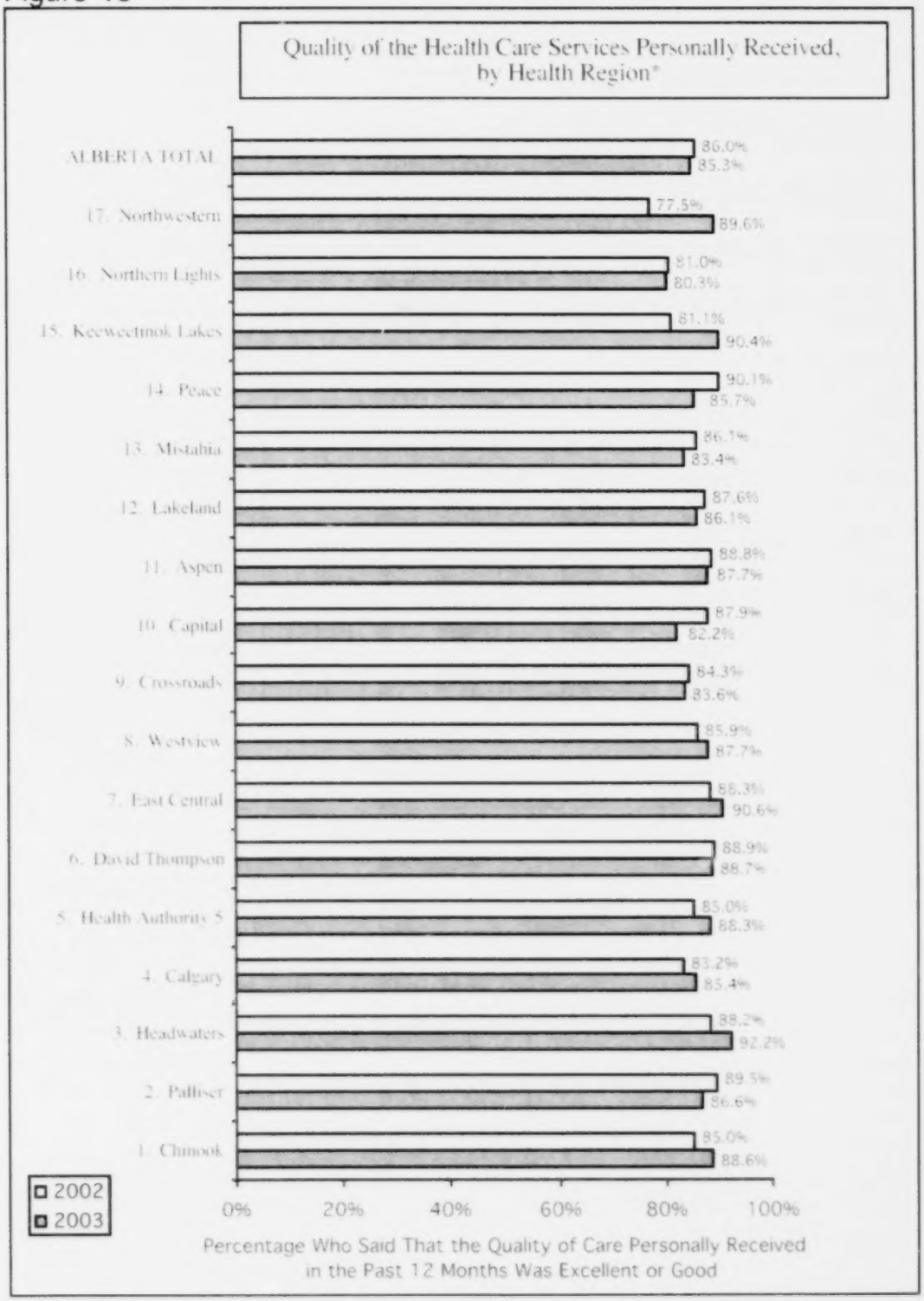


Figure 15 shows ratings of the quality of health care personally received by health region and year of survey (2003, 2002). Ratings of the quality of health care personally received by respondents was lower than the provincial average in Northern Lights, Capital, Mistahia and Crossroads regional health authorities.

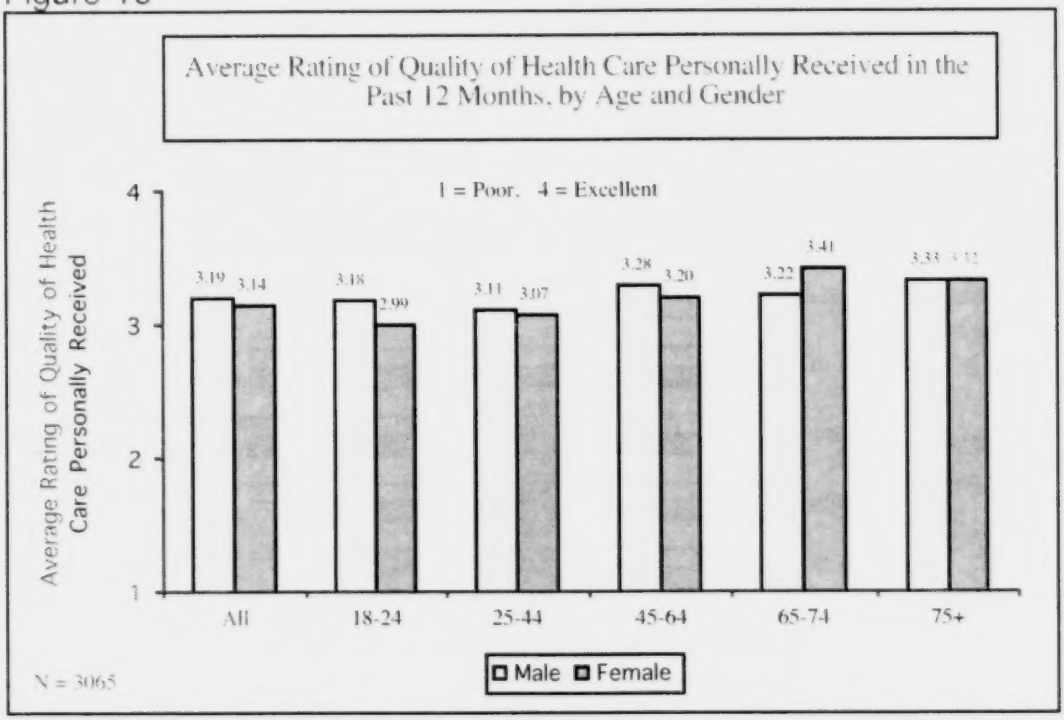
Figure 15


Quality of the Health Care Services Personally Received, by Health Region*
ALBERTA TOTAL 86.0% 85.3%
17. Northwestern 77.5% 89.6%
16. Northern Lights 81.0% 80.3%
15. Keewecttnok Lakes 81.1% 90.4%
14. Peace 90.1% 85.7%
13. Mistahia 86.1% 83.4%
12. Lakeland 87.6% 86.1%
11. Aspen 88.8% 87.7%
10. Capital 87.9% 82.2%
9. Crossroads 84.3% 83.6%
8. Westview 85.9% 87.7%
7. East Central 88.3% 90.6%
6. David Thompson 88.9% 88.7%
5. Health Authority 5 85.0% 88.3%
4. Calgary 83.2% 85.4%
3. Headwaters 88.2% 92.2%
2. Palliser 89.5% 86.6%
1. Chinook 85.0% 88.6%
2002
2003
0% 20% 40% 60% 80% 100%
Percentage Who Said That the Quality of Care Personally Received in the Past 12 Months Was Excellent or Good

* Health regions shown are up to March 31, 2003. Effective April 1, 2003, there are now nine regions.

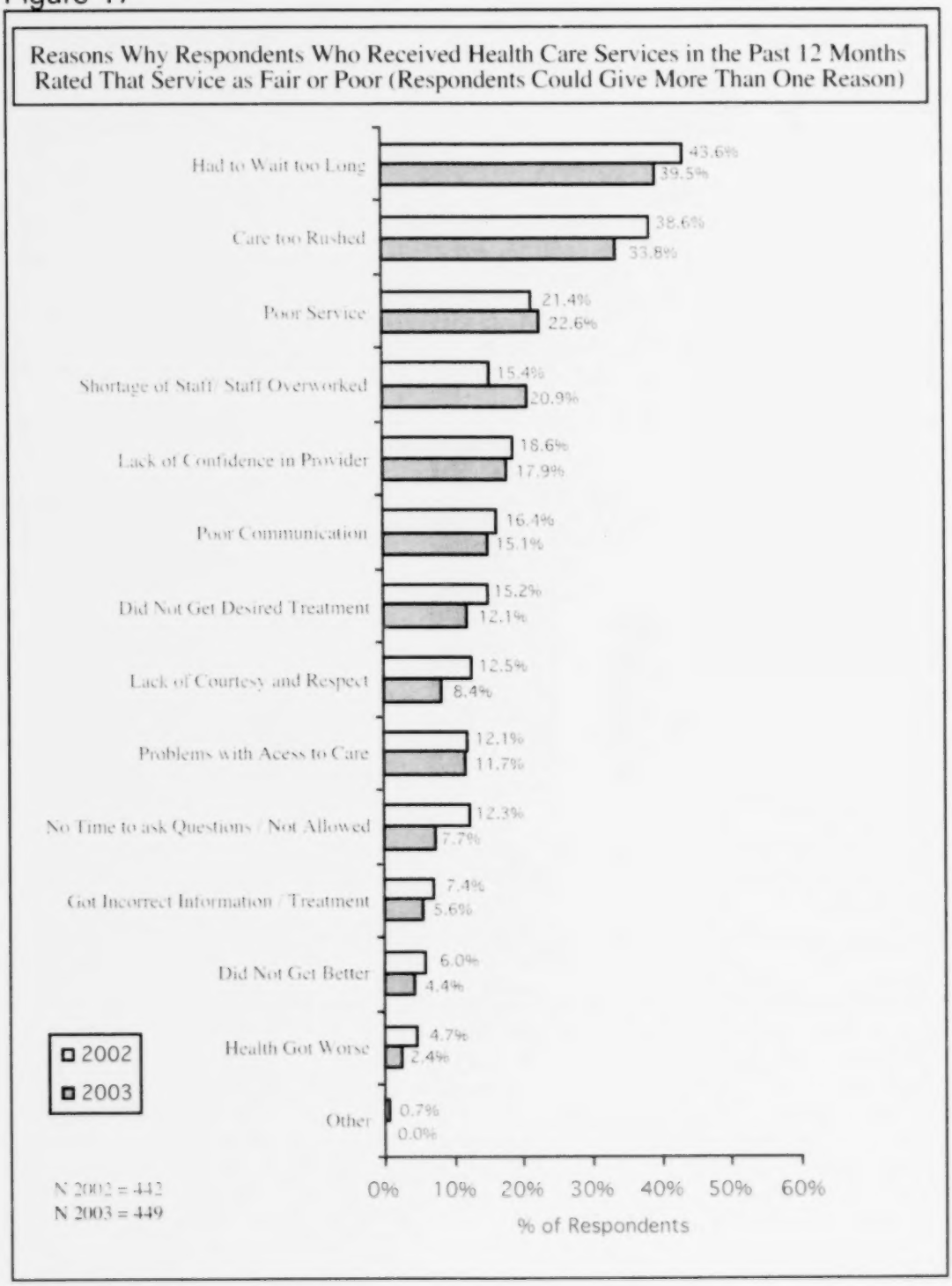
Ratings of the quality of health care personally received in the past twelve months did not vary noticeably by gender. Older Albertans, however, tended to give higher ratings of quality of care received (see Figure 16).

Figure 16



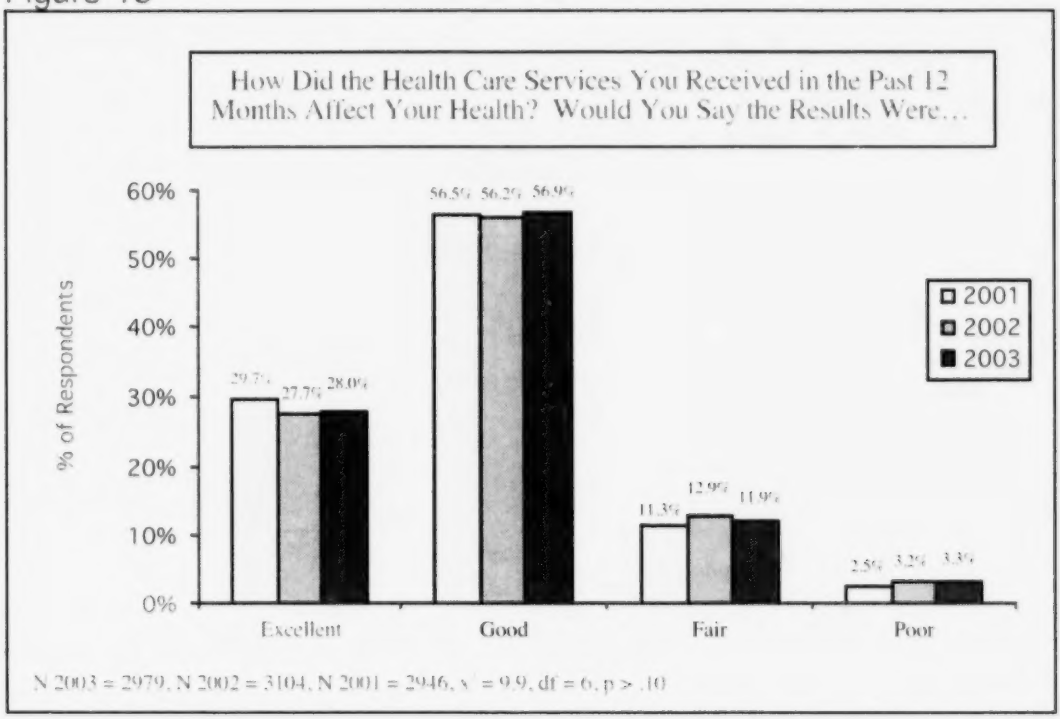
The reasons given by the 15% of respondents who had received care and rated it as either fair or poor are shown in Figure 17 (multiple responses were recorded). The most frequent complaint concerned having to wait too long (40%) or feeling too rushed (34%). Others complained that they received poor service (23%) or that there were not enough staff or that staff were overworked (21%). Some said that they lacked confidence in the provider of care (18%), experienced poor communication (15%), did not get the desired treatment (12%), were not treated with courtesy and respect (8%), had problems with access to care (12%), were given incorrect information or incorrect treatment (6%), or did not have the opportunity to ask questions (8%). A few felt that their health did not get better (4%) or that it got worse (2%).

Figure 17


Reasons Why Respondents Who Received Health Care Services in the Past 12 Months Rated That Service as Fair or Poor (Respondents Could Give More Than One Reason)
Had to Wait too Long
43.6%
39.5%
Care too Rushed
38.6%
33.8%
Poor Service
21.4%
22.6%
Shortage of Staff / Staff Overworked
15.4%
20.9%
Lack of Confidence in Provider
18.6%
17.9%
Poor Communication
16.4%
15.1%
Did Not Get Desired Treatment
15.2%
12.1%
Lack of Courtesy and Respect
12.5%
8.4%
Problems with Acess to Care
12.1%
11.7%
No Time to ask Questions / Not Allowed
12.3%
7.7%
Got Incorrect Information / Treatment
7.4%
5.6%
Did Not Get Better
6.0%
4.4%
Health Got Worse
4.7%
2.4%
Other
0.7%
0.0%
2002
2003
N 2002 = 442
N 2003 = 449
0%
10%
20%
30%
40%
50%
60%
% of Respondents

Overall, 84.9% of Albertans rated the results of health care services personally received as good or excellent in 2003 (compared to 83.9% in 2002 and 86.2% in 2001; see Figure 18). Ratings in 2003 and 2002 were similar. A total of 28.0% of respondents in 2003 said that the results of health care services that they had received were excellent, 56.9% said good, 11.9% chose fair, while 3.3% said results were poor.

Figure 18



Ratings of the quality of care personally received were significantly related to the respondent's health status and level of need for health services (see Tables 1 and 2). That is, respondents with better health tended to rate the quality of care received higher than respondents with poorer health. Similarly, respondents with a low level of need for health services tended to rate the quality of care received higher than respondents with a high level of need. Nevertheless, 38% of respondents with a high level of need for health services rated the quality of care received as excellent and another 46% rate care received as good.

Table 1 Rating of Quality of Care Personally Received in Past 12 Months, by Self-Reported Health Status

Rating of Quality of Care Personally Received in Past 12 Months	Self-Reported Health Status (%)									
	Excellent		Very Good		Good		Fair		Poor	
	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002
Excellent	47.7	43.6	33.1	35.6	27.7	28.3	24.1	29.9	31.5	20.3
Good	42.7	46.1	53.4	51.1	57.0	58.2	51.9	48.4	45.6	59.2
Fair	8.1	8.3	11.2	11.3	12.8	10.8	20.7	17.0	15.9	16.8
Poor	1.5	2.0	2.3	2.0	2.4	2.7	3.3	4.7	7.0	3.7
Total	100	100	100	100	100	100	100	100	100	100
(n)	(617)	(632)	(1163)	(1202)	(868)	(851)	(324)	(327)	(90)	(140)

x^2 2003 = 112, df = 12, p < .000; x^2 2002 = 76, df = 12, p < .000

Table 2 Rating of Quality of Care Personally Received in Past 12 Months, by Own Level of Need for Health Services in Past Year

Rating of Quality of Care Personally Received in Past 12 Months	Own Level of Need for Health Services in Past Year (%)					
	Low		Moderate		High	
	2003	2002	2003	2002	2003	2002
Excellent	35.6	35.3	28.2	30.4	38.3	36.3
Good	51.7	51.6	54.3	55.5	45.5	45.5
Fair	10.4	10.7	15.6	12.6	12.3	11.8
Poor	2.4	2.4	1.9	1.5	4.0	6.4
Total	100	100	100	100	100	100
(n)	(1777)	(1823)	(961)	(984)	(323)	(343)

x^2 2003 = 34, df = 6, p < .000; x^2 2002 = 37, df = 6, p < .000

5.3 Quality of Care Personally Received from a Physician

Respondents who had personally received health care services in Alberta in the past twelve months were asked if they had received health services from a physician in Alberta during that time. Ninety-six per cent (96%) of respondents who had received some form of care had received health services from a physician (n=2948). For those receiving physician services, the most recent service was obtained from a family doctor (81.1%) or from a specialist (18.9%).

Overall, 89.4% of Albertans rated the quality of health care service received from a physician as either excellent or good in 2003 (compared to 88.4% in 2002 and 90.5% in 2001; see Figure 19). In 2003, 51.7% of respondents rated the quality of physician care most recently received as excellent, 37.7% rated it as good, 8.2% indicated fair, and 2.4% said poor.

Eleven per cent (11%) of those respondents receiving physician care (n=310) rated the quality of care received as fair or poor. The reasons these persons gave for their rating of physician care (multiple responses were recorded) included feeling too rushed (46%), lack of attention to respondent's needs (25%), lack of confidence in physician (24%), poor communication (23%), having no time to ask questions/not involved in decisions (14%), waiting too long to get the appointment (12%), or lack of courtesy and respect (8%). Others complained they did not get desired treatment (19%) or they got incorrect treatment (7%).

Overall, 88.4% of Albertans rated the effect of health services received from their doctor as good or excellent in 2003 (compared to 85.1% in 2002 and 88.5% in 2001; see Figure 20). In 2003, 34.6% of respondents who had received physician services in the past twelve months said that the results of physician care were excellent, 53.8% indicated good, 8.4% selected fair, and 3.2% said the results were poor.

Figure 19

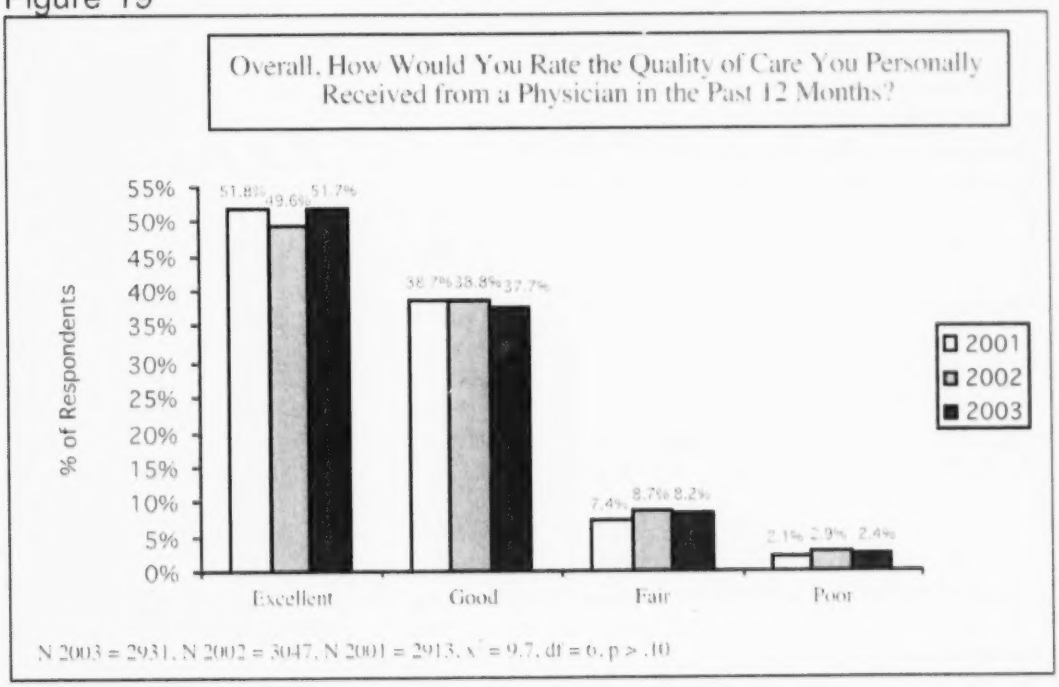
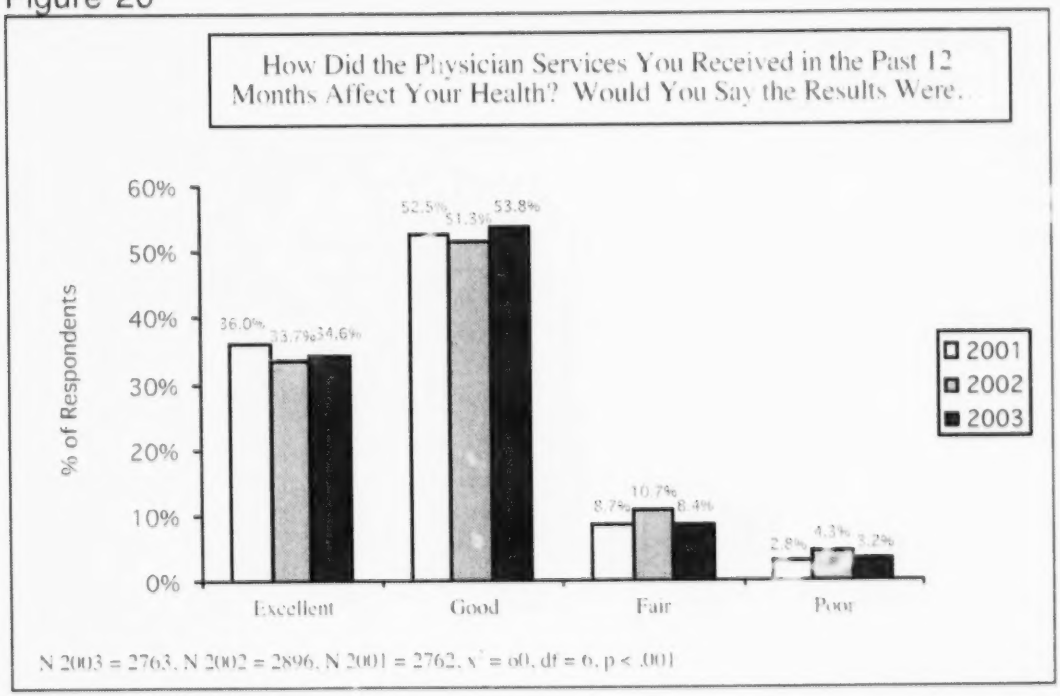


Figure 20



5.4 Quality of Care Personally Received from a Hospital

Respondents who had personally received health care services in Alberta in the past twelve months were asked if they had received health services at a hospital in Alberta during that time. Forty-one per cent (41%) of respondents who had received some form of care had received health services at a hospital (n=1268). For those receiving hospital services, the most recent services utilized were emergency care (42%), day (outpatient) services (37%), and overnight (inpatient) care (21%).

Overall, 83.3% of respondents who had personally received health care services at a hospital rated the care they had most recently received in 2003 as good or excellent (compared to 80.7% in 2002 and 80.3% in 2001; see Figure 21). In 2003, 43.2% of respondents rated the quality of hospital care most recently received as excellent, 40.2% rated it as good, 10.5% indicated fair, and 6.2% said poor.

Seventeen per cent (17%) of those respondents receiving hospital care (n=211) rated the quality of care received as fair or poor. The reasons these persons gave for their rating of hospital care (multiple responses were recorded) included waiting too long at the hospital before service was provided (50%) and waiting too long to get into the hospital (20%). Others complained that care was too rushed (19%), or that there was a shortage of staff and overworked staff (21%). Some complained of a lack of confidence in the provider of care (13%), or of a lack of attention to respondent's needs from staff (16%) and from doctors (13%), or lack of courtesy and respect from staff (11%) and from doctors (5%). Others said that they did not get desired treatment (12%) or got incorrect treatment (7%) or that there was poor communication (11%).

Overall, 84.2% of respondents who had personally received health services in a hospital rated the effect of the hospital care that they had most recently received as good or excellent (compared to 85.1% in 2002 and 83.2% in 2001; see Figure 22). In 2003, 37.3% of respondents who had received hospital services in the past twelve months said that the results of hospital care were excellent, 47.0% indicated good, 9.7% selected fair, and 6.0% said the results were poor.

Figure 21

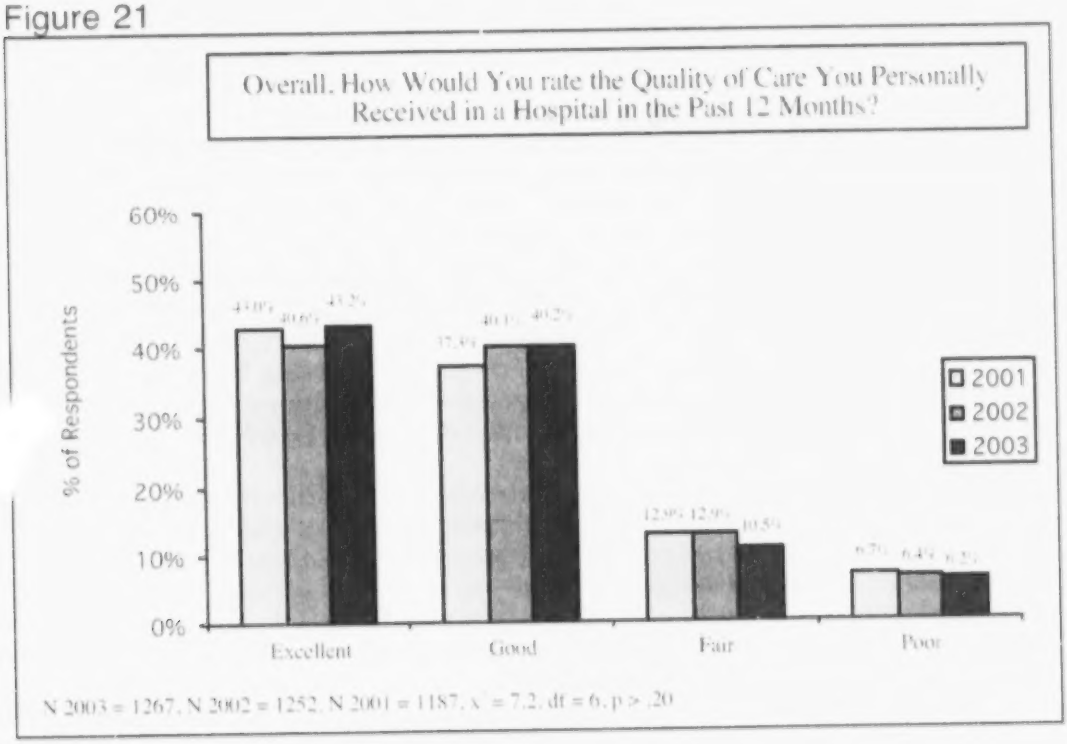
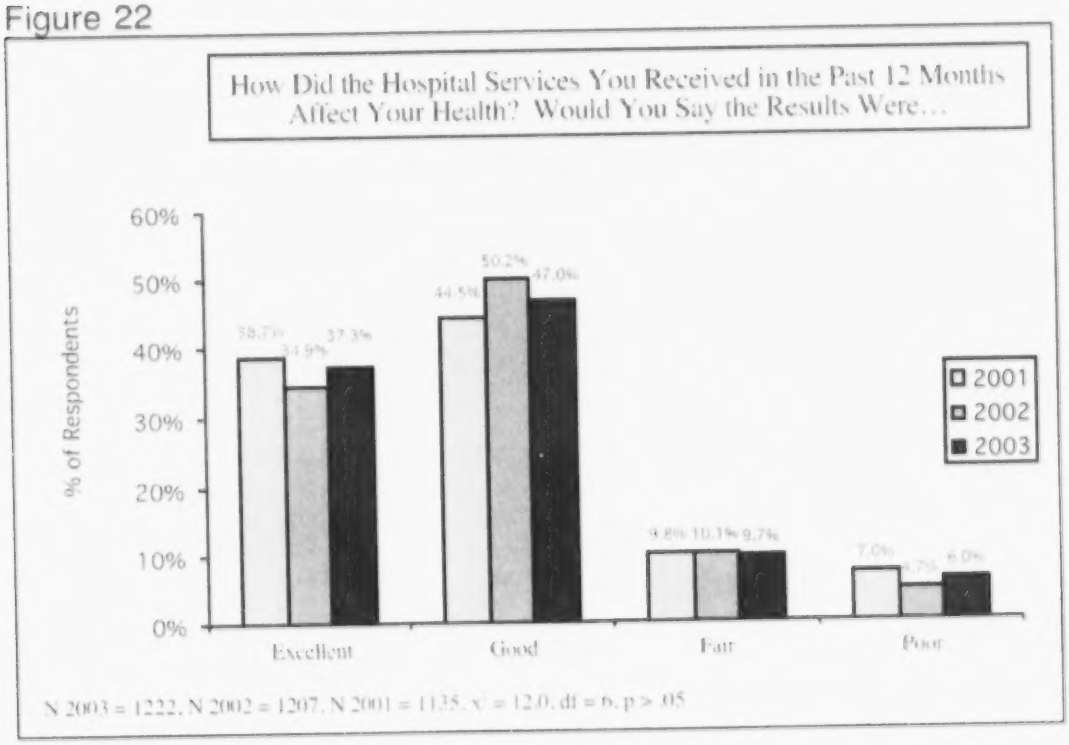


Figure 22



5.5 Quality of Hospital Care Received by a Household Member

Respondents were asked if any members of their household other than the respondent had received health services at a hospital in Alberta during the past twelve months. Forty-three per cent (43%) of respondents living in households of two or more persons (n=1435) reported that at least one household member had received health services at a hospital. Forty-three per cent (43%) of the household members who had most recently received health services at a hospital were children, 38% were the spouse of the respondent, 9% were a parent of the respondent, and 10% were other household members. For those receiving hospital services, the most recent services utilized were emergency care (50%), day (outpatient) services (29%), and overnight (inpatient) care (20%).

Thirty-nine per cent (39%) of respondents who had a household member who had received hospital services rated the quality of care that member had received as excellent, 42% rated it as good, 11% indicated fair, and 8% said poor.

Nineteen per cent (19%) of respondents who had a household member who had received hospital care (n=272) rated the care as either fair or poor. The most frequent complaints (multiple responses were recorded) concerned waiting too long at the hospital before service was provided (55%), waiting too long to get into the hospital (23%), and care being too rushed (15%). Others complained of a shortage of staff or overworked staff (14%) or of a lack of confidence in the provider of care (10%). Some complained that they did not get desired treatment (15%) or got incorrect treatment (7%). Others complained of a lack of attention to patients' needs from staff (19%) and from doctors (10%), lack of courtesy and respect from staff (12%) and from doctors (5%), and poor communication (13%).

Thirty-six per cent (36%) of respondents who had a household member who had received hospital services in the past twelve months said that the results were excellent, 46% indicated good, 11% selected fair, and 7% said the results were poor.

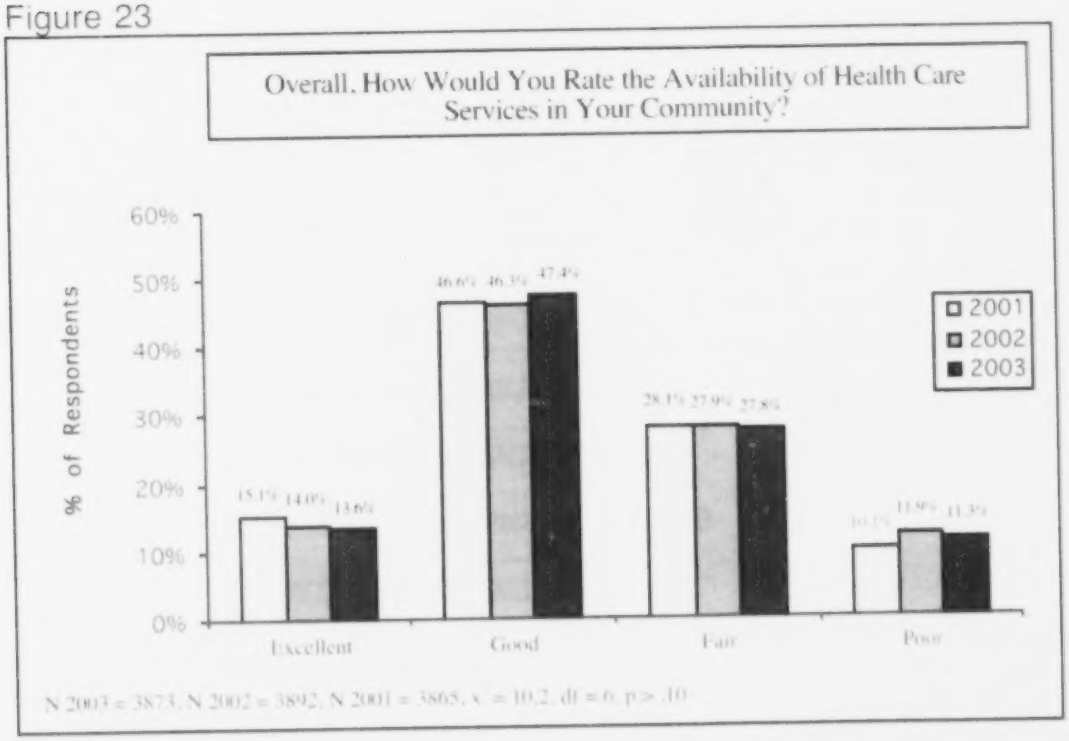
6 Availability and Accessibility of Health Care Services

Respondents were asked to rate the availability of health care services in their community and to comment on the ease or difficulty of obtaining health care services when needed. Respondents were also asked if they or a person in their household was currently waiting for health care services or if they had been unable to obtain health care services when needed (see questions 10, 12, 13, 15 c, 15 g and h, 16 f and g, and 22 in Appendix B).

6.1 Availability of Services in the Community

Overall, 60.9% of Albertans rated the availability of health care services in their community as good or excellent in 2003 (compared to 60.2% in 2002 and 61.7% in 2001; see Figure 23). In 2003, 13.6% of respondents rated the availability of health services in their community as excellent, 47.4% said good, 27.8% chose fair, and 11.3% said availability was poor.

Figure 23



6.2 Ease of Access to Needed Health Care Services

Overall, 62.4% of Albertans rated health care accessibility as easy or very easy in 2003 (compared to 61.6% in 2002 and 64.5% in 2001; see Figure 24). In 2003, 16.6% of respondents said access was very easy, 45.9% said easy, 30.8% indicated access was a bit difficult, while 6.8% said it was very difficult.

Figure 24

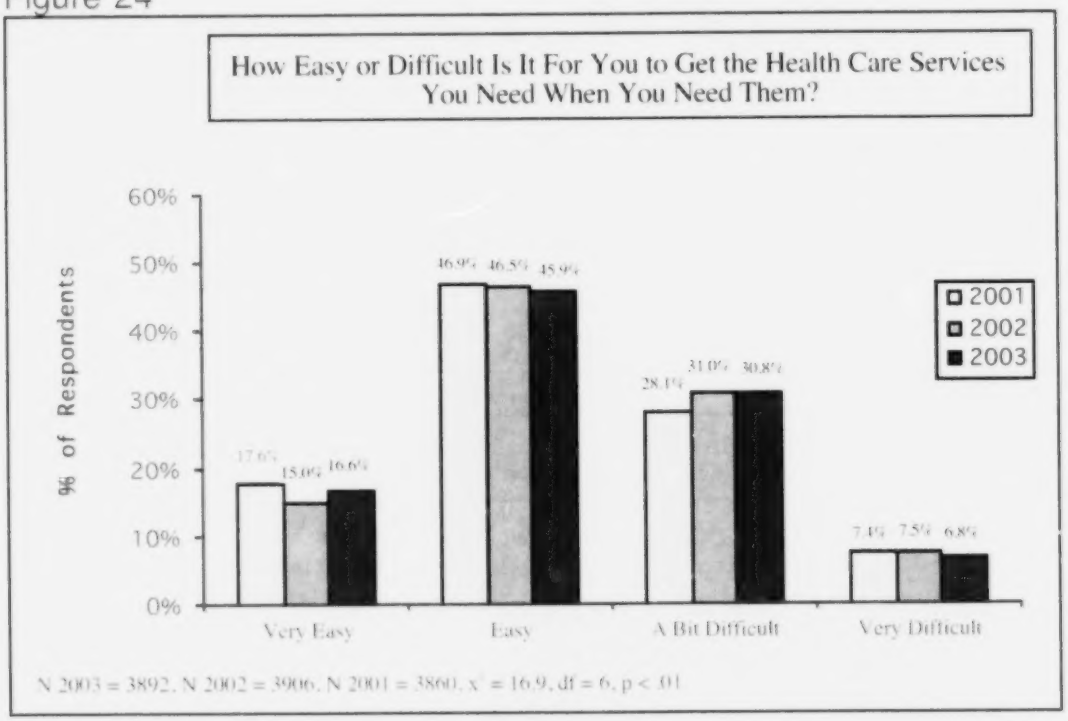
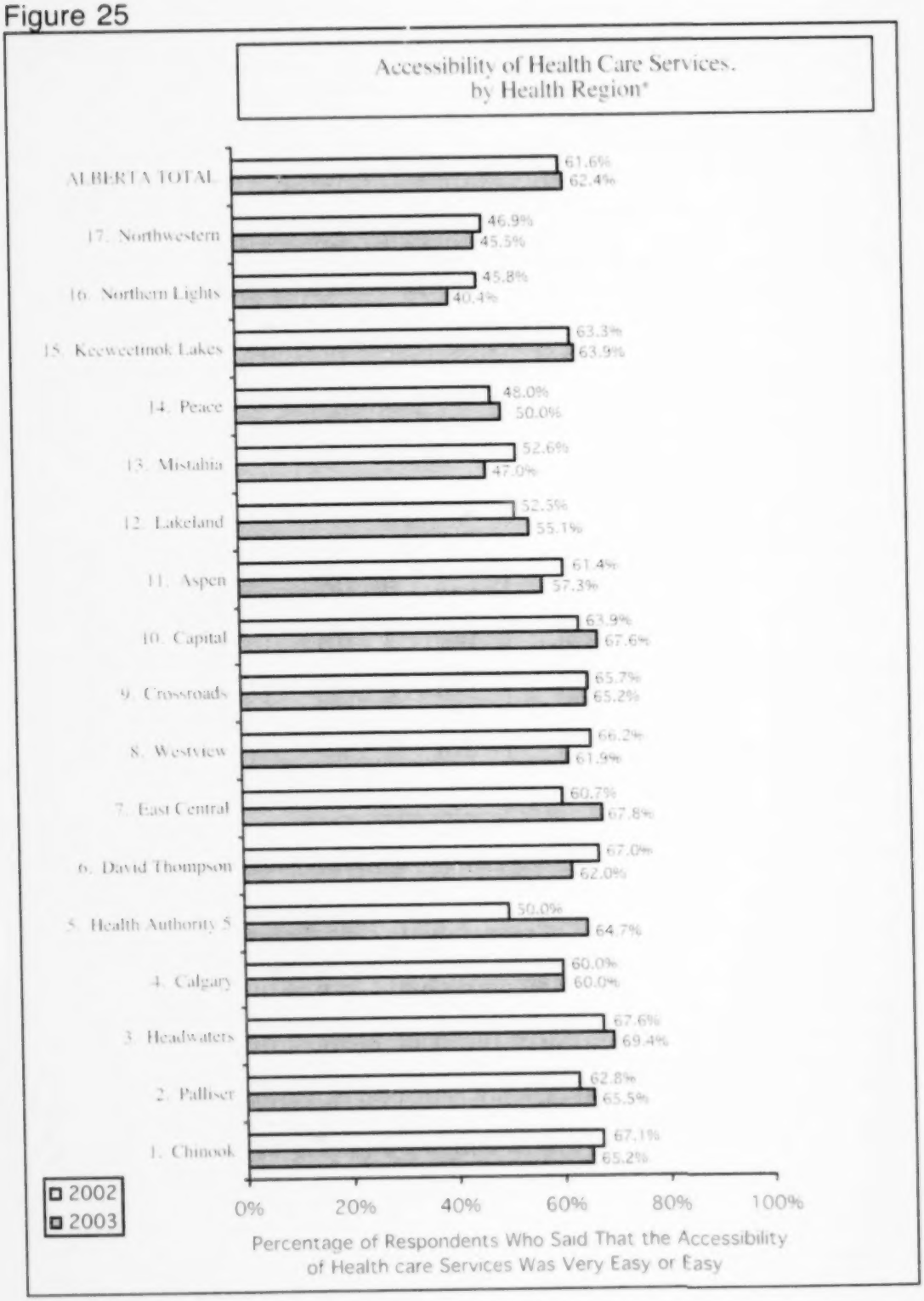


Figure 25

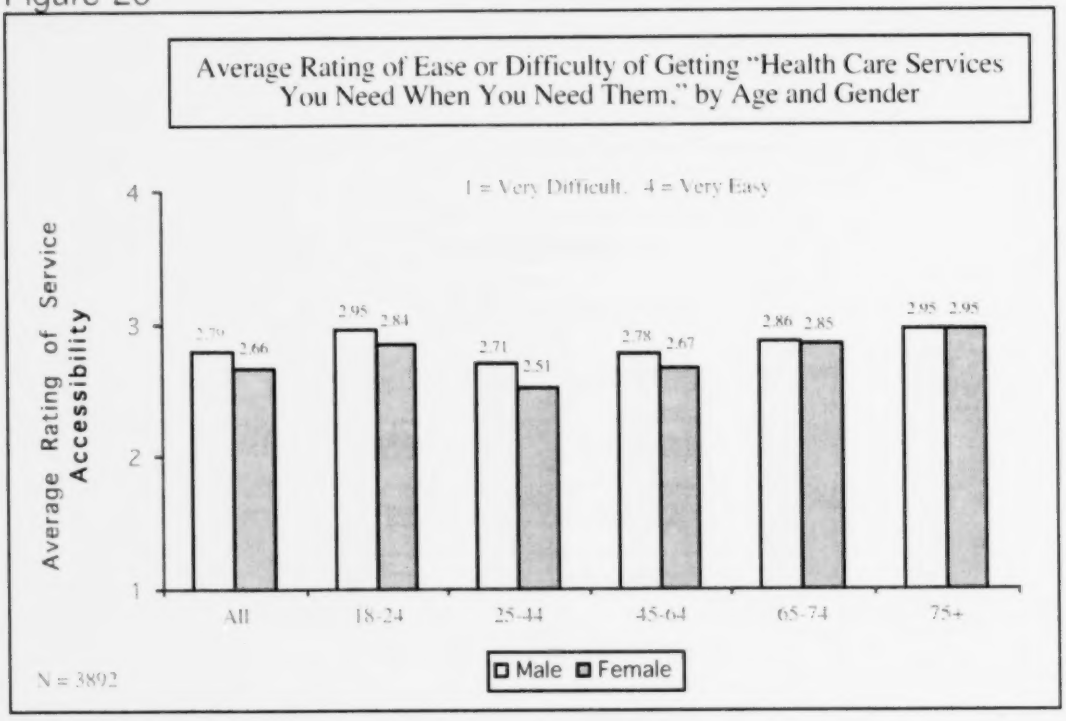


* Health regions shown are up to March 31, 2003. Effective April 1, 2003, there are now nine regions.

Figure 25 shows ratings of health care accessibility by health region and year of survey (2003, 2002). Ratings of accessibility were generally lower in the northern regions of the province than in the southern regions.

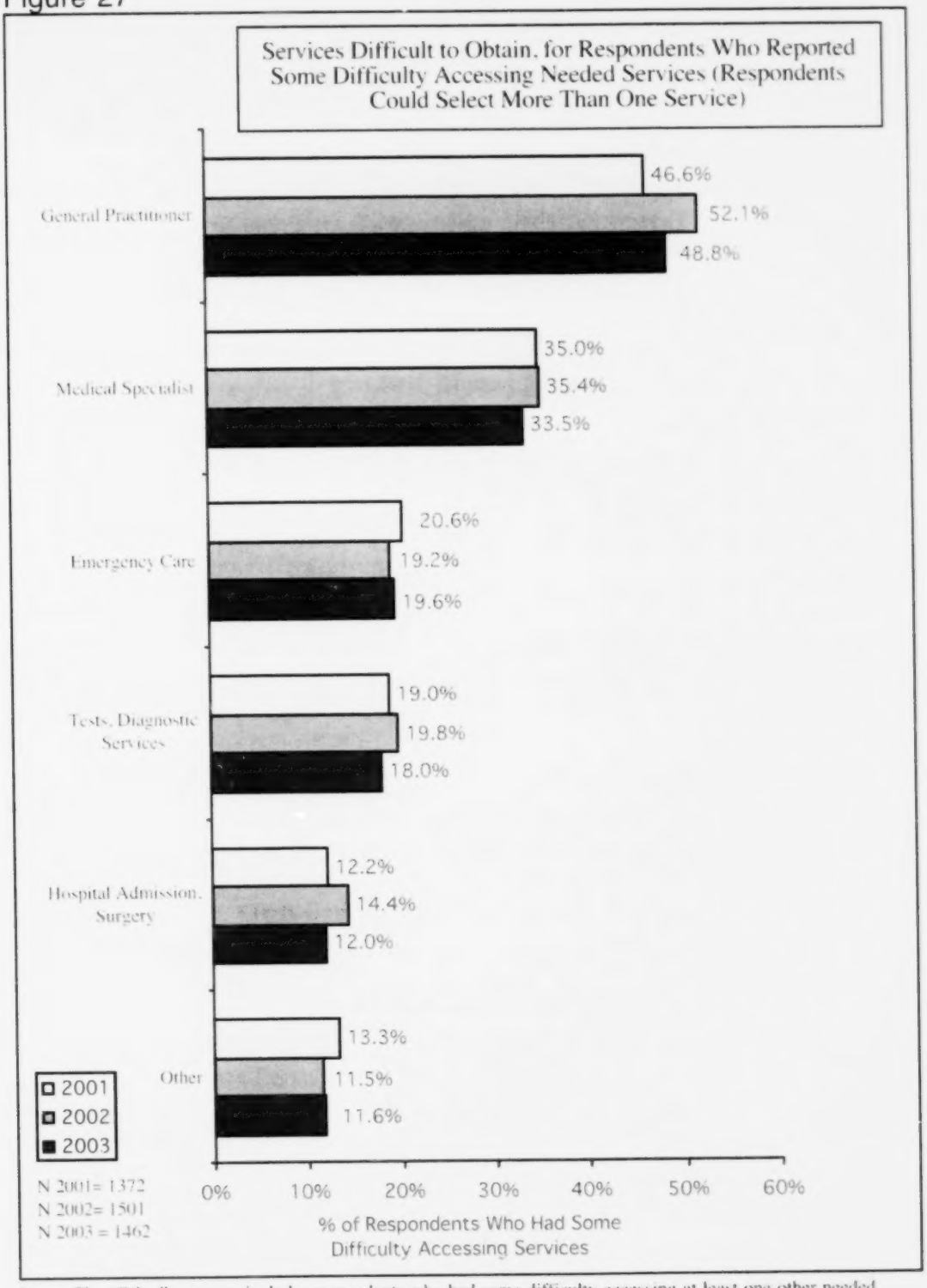
Figure 26 shows that ratings of accessibility were slightly lower for females under 65 years of age than for males of comparable age and were slightly higher for the youngest and oldest adult age groups.

Figure 26



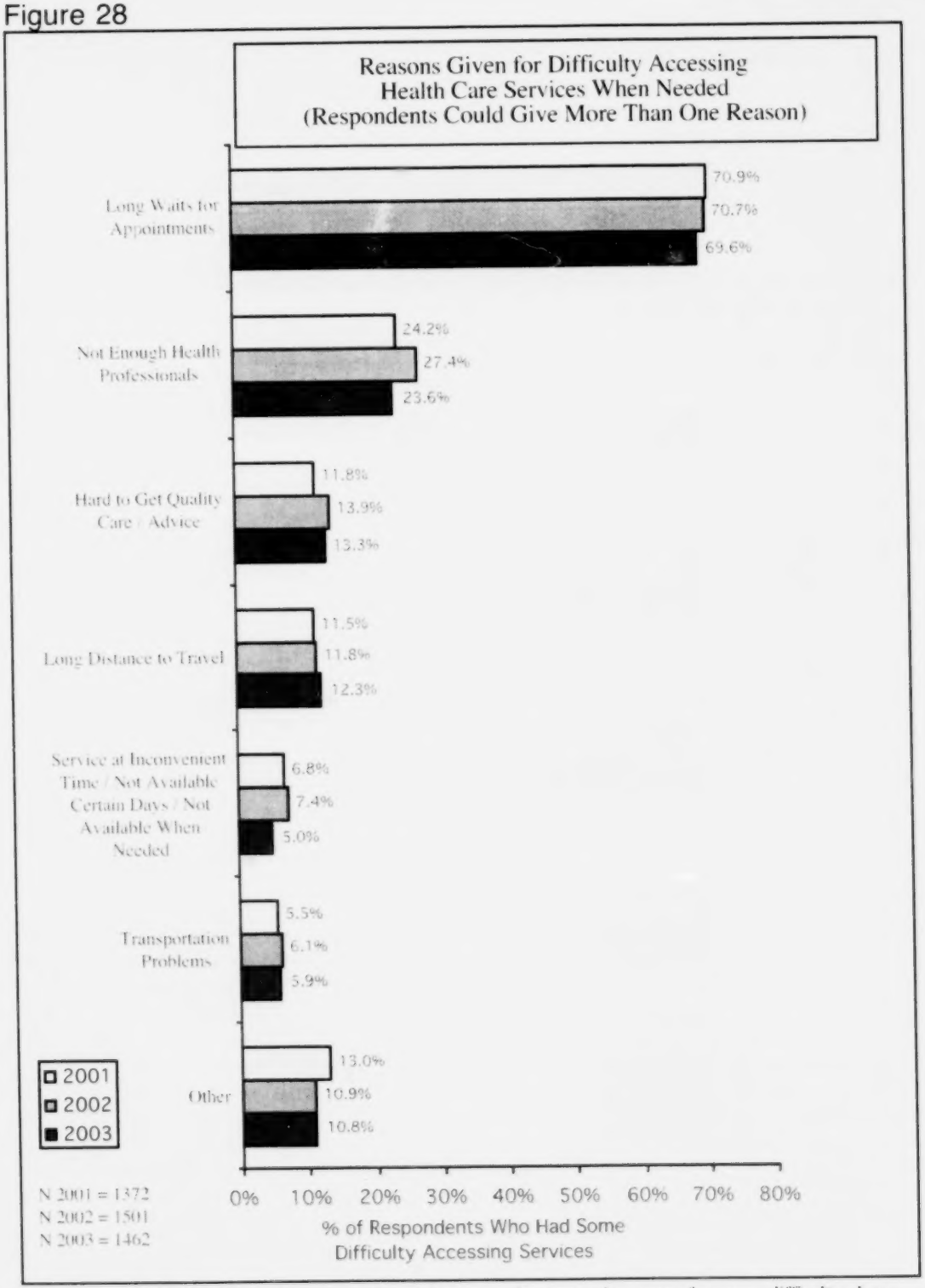
About seven per cent (6.8%) of respondents said that it was "very difficult" for them to get the health care services they needed when they needed them and another 30.8% said that it was "a bit difficult." For those respondents who reported a degree of difficulty accessing services, Figure 27 shows that the services respondents most frequently reported having difficulty obtaining were general practitioners, medical specialists, emergency care, tests and diagnostic services, and hospital admission or surgery. Figure 28 shows that the most frequently mentioned reason given for rating access to services difficult was long waits (70%). Other reasons given were: not enough health professionals, difficulty getting quality care or advice from service providers, long distances to travel for service, transportation problems, and service not available at certain times or at a convenient time.

Figure 27



Note: The "Other" category includes respondents who had some difficulty accessing at least one other needed service. Less than 5% of respondents mentioned any one of the services included in the "Other" category.

Figure 28



Note: The "Other" category includes respondents who gave at least one other reason for access difficulty. Less than 5% of respondents mentioned any one of the reasons included in the "Other" category.

Ease of access is significantly related to self-reported health status (see Table 3). That is, respondents in better health were more likely to say that it was easy to get the health care services that they needed when they needed them while persons in worse health were more likely to say that it was difficult to get the health care services they needed when they needed them. Similarly, Table 4 shows that the higher a respondent's level of need for health services in the past year, the more likely they were to say that it was difficult to get the health care services they needed when they needed them.

Table 3 Ease of Access to Health Care Services, by Self-Reported Health Status

Ease of Access to Health Care Services	Self-Reported Health Status (%)									
	Excellent		Very Good		Good		Fair		Poor	
	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002
Very Easy	20.3	18.8	19.6	15.3	11.8	13.1	12.0	11.5	10.2	11.3
Easy	44.0	50.1	45.7	46.9	51.0	48.1	37.7	39.8	36.1	28.0
A Bit Difficult	29.7	23.3	29.5	32.3	31.7	32.2	35.7	37.5	32.3	39.2
Very Difficult	6.0	7.8	5.2	5.5	5.6	6.7	14.7	11.3	21.5	21.6
Total	100	100	100	100	100	100	100	100	100	100
(n)	(835)	(890)	(1501)	(1489)	(1092)	(1006)	(361)	(374)	(99)	(142)

x^2 2003 = 130, df = 12, p < .000; x^2 2002 = 114, df = 12, p < .000

Table 4 Ease of Access to Health Care Services, by Own Level of Need for Health Services in Past Year

Ease of Access to Health Care Services	Own Level of Need for Health Services in Past Year (%)					
	Low		Moderate		High	
	2003	2002	2003	2002	2003	2002
Very Easy	18.1	15.7	14.7	13.8	11.5	13.4
Easy	47.5	49.8	45.3	44.5	35.4	31.2
A Bit Difficult	28.5	28.5	34.1	34.4	36.6	36.9
Very Difficult	5.9	5.9	5.8	7.3	16.5	18.5
Total	100	100	100	100	100	100
(n)	(2462)	(2434)	(1096)	(1105)	(329)	(359)

x^2 2003 = 82, df = 6, p < .000; x^2 2002 = 107, df = 6, p < .000

6.3 Waiting for Health Care Services

One in five respondents (20%) said that they or a household member were waiting for a health care service in 2003 (compared to 22% in 2002 and 20% in 2001). Of those persons who were waiting, 57% were waiting for medical consultation, diagnosis, tests or to see a specialist. Twenty-eight per cent (28%) were waiting for surgery and 11% were waiting to see a doctor or for medical treatment. Others were waiting for rehabilitation treatment (2%), dental treatment (1%), home care services (1%) or long-term care placement (1%).

6.4 Inability to Obtain Needed Health Care Services

A total of 435 respondents (11.0%) said that they were unable to obtain health care services when needed (see Table 5). Most obtained service later or elsewhere. Some got better on their own. A total of 85 respondents (20% of those unable to obtain service and 2.1% of all respondents) said that they never received the needed service.

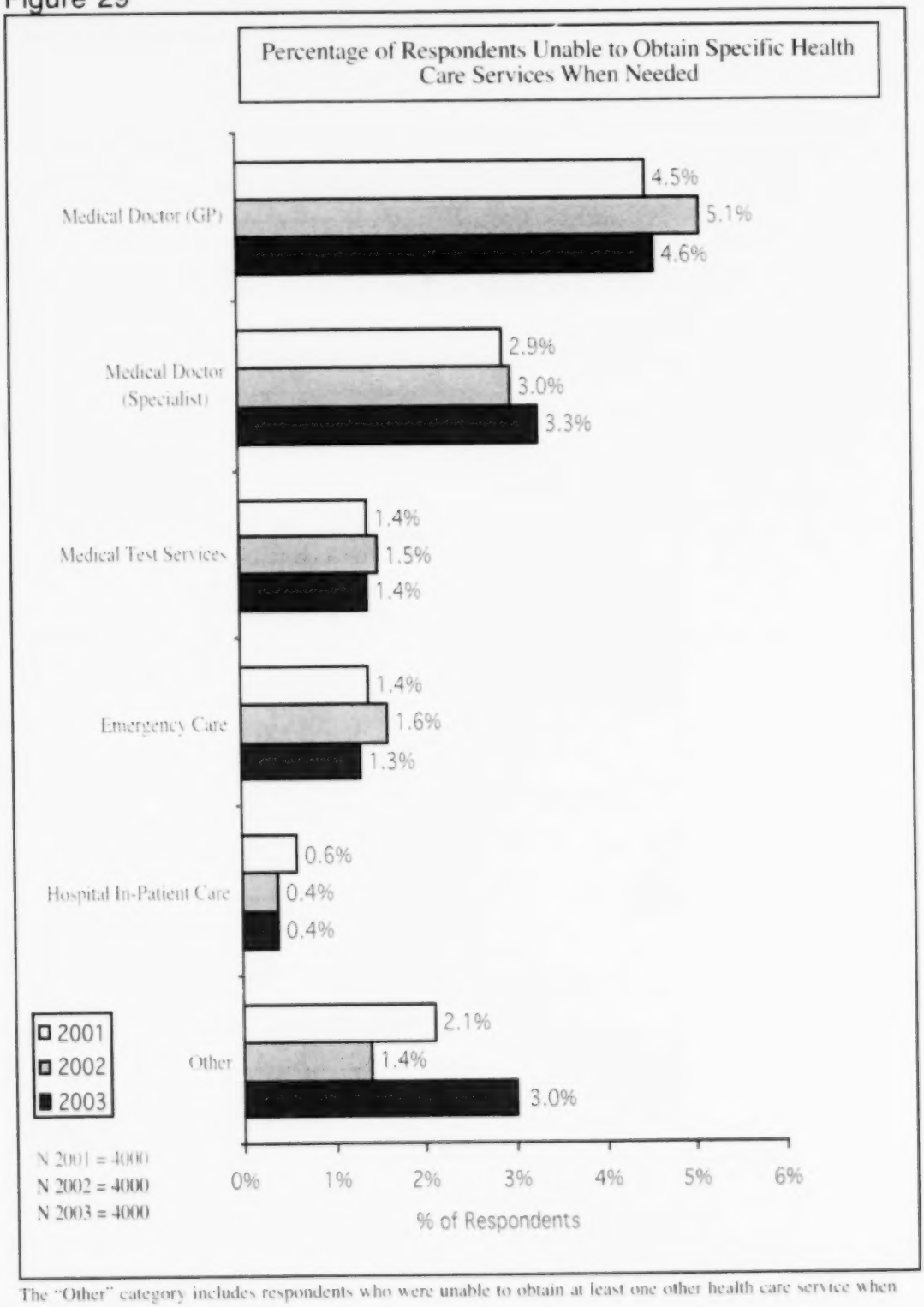
Table 5 Over the Past 12 Months, Were You Ever Unable to Obtain Health Care Services When You Needed Them?

	1998	1999	2000	2001	2002	2003
Unable to obtain health care service when needed	8.0	8.8	9.8	11.3	11.2	11.0
Never received the service	1.6	1.7	1.8	2.5	2.2	2.1
Obtained the service later	4.0	3.1	3.7	4.6	4.7	4.5
Obtained the service elsewhere	1.4	2.8	2.9	2.5	2.8	2.7
Obtained a different service	0.4	0.3	0.4	0.6	0.3	0.6
Health improved without service	0.5	0.9	0.9	0.9	0.9	0.8

Being unable to obtain the services of medical doctors (either general practitioners or specialists) was the most frequently reported problem (although by only 4.6% and 3.3% of respondents respectively; see Figure 29). The next most common problems were being unable to obtain medical test services and emergency care when needed (reported by 1.4% and 1.3% of respondents respectively).

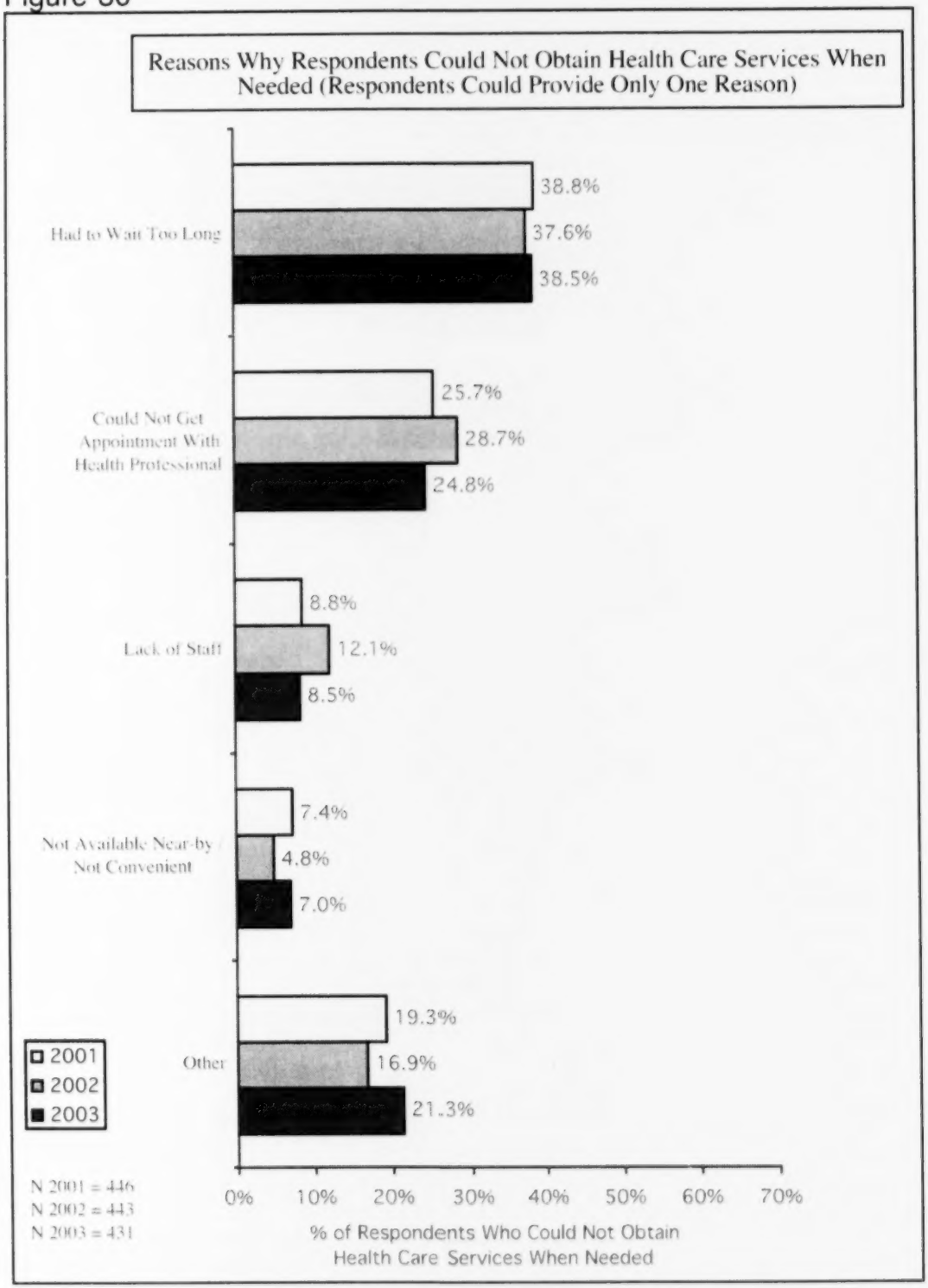
The 11.0% of respondents who were unable to obtain health care services when needed in the past 12 months were asked to give one reason to explain why they could not get the service (see Figure 30). Of these respondents, 39% said that the reason was that they had to wait too long, another 25% said that they could not get an appointment with a health professional, 9% cited lack of staff, and 7% indicated that the service was not available nearby or was not conveniently located.

Figure 29



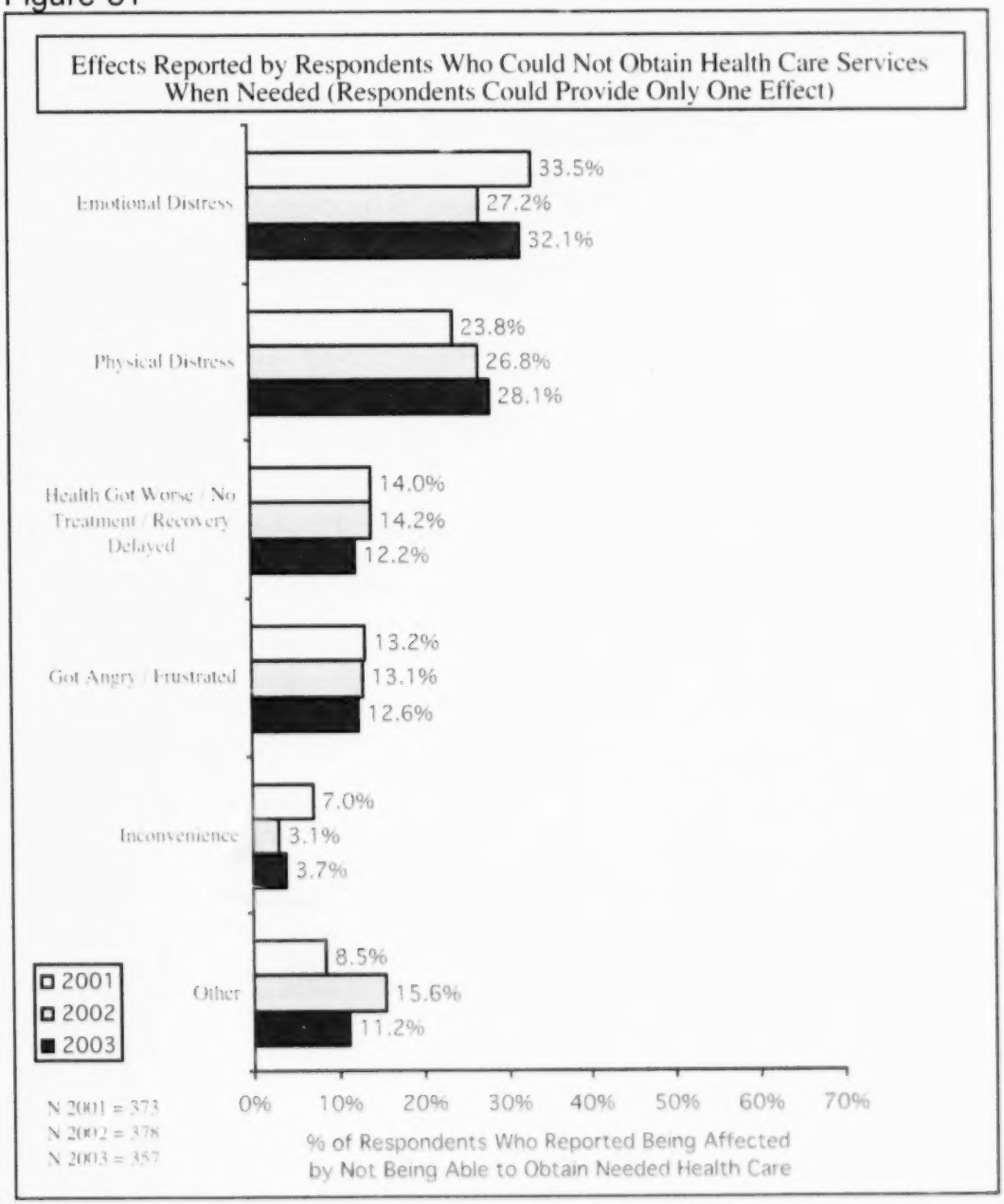
The "Other" category includes respondents who were unable to obtain at least one other health care service when needed.

Figure 30


Reasons Why Respondents Could Not Obtain Health Care Services When Needed (Respondents Could Provide Only One Reason)
Had to Wait Too Long
38.8%
37.6%
38.5%
Could Not Get Appointment With Health Professional
25.7%
28.7%
24.8%
Lack of Staff
8.8%
12.1%
8.5%
Not Available Near-by / Not Convenient
7.4%
4.8%
7.0%
Other
19.3%
16.9%
21.3%
2001
2002
2003
N 2001 = 446
N 2002 = 443
N 2003 = 431
0%
10%
20%
30%
40%
50%
60%
70%
% of Respondents Who Could Not Obtain Health Care Services When Needed

When asked if not being able to obtain a health service when needed had any effect on themselves, 84% said "yes." Figure 31 shows that the effects on those unable to get care when needed included emotional distress such as anxiety, worry, fear, and depression (32%), physical distress such as pain and discomfort (reported by 28%), worsening health or delayed recovery (12%), and anger and frustration (13%).

Figure 31

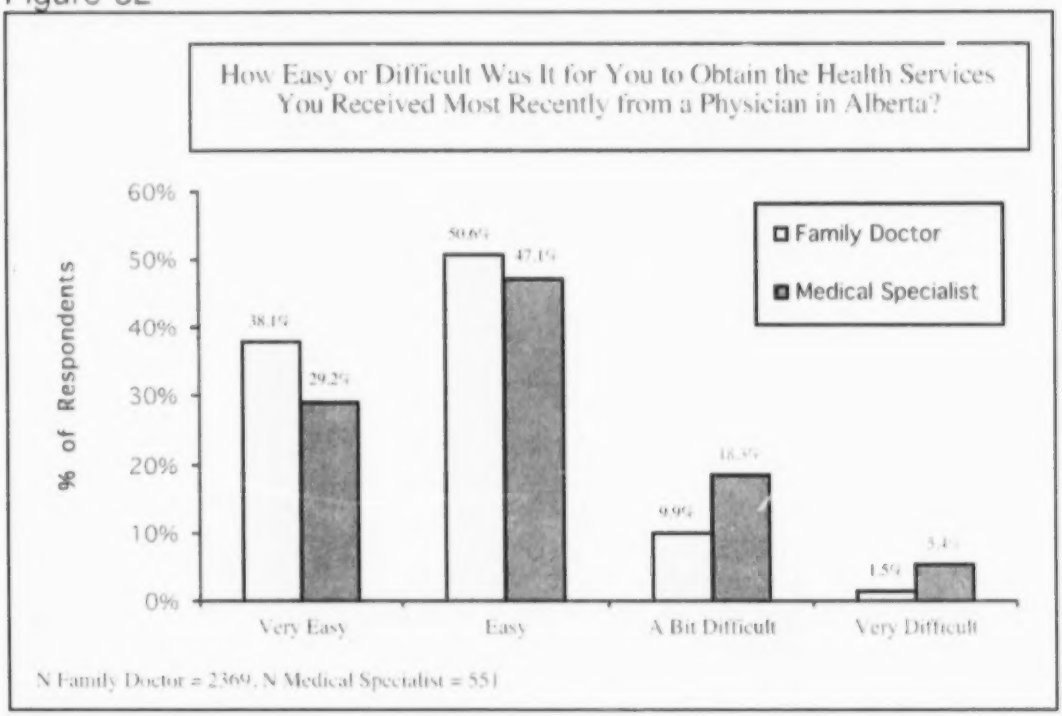


6.5 Ease of Access to Physician

Seventy-four per cent (74%) of Albertans who had received health care services in Alberta in the past twelve months had personally received health services from a physician. Of these, 81.1% had most recently visited a family doctor while 18.9% had visited a medical specialist. Overall, 86% said it was easy or very easy to obtain physician services. Regarding the health care most recently received from a family doctor, 89% said that it had been easy or very easy to obtain this service. Similarly, regarding the health care most recently received from a specialist, 76% said that it had been easy or very easy to obtain this service.

In 2003, 38.1% of respondents who visited a family doctor most recently said access was very easy, 50.6% said easy, 9.9% indicated access was a bit difficult, while 1.5% said it was very difficult. Regarding those respondents who last visited a medical specialist, 29.2% of said access was very easy, 47.1% said easy, 18.3% indicated access was a bit difficult, while 5.4% said it was very difficult (see Figure 32).

Figure 32



Less than two per cent (1.5%) of respondents said that it had been "very difficult" for them to get services from their family physician on their most recent visit and another 9.9% said that it was "a bit difficult." For

those respondents who reported a degree of difficulty accessing their family doctor, the most frequently mentioned reasons given for rating access to services difficult was long waiting time for appointment (64%) and long waiting time at the doctor's office (30%). Other reasons given were: difficulty finding a family physician who is taking new patients (8%) and difficulty getting to the doctor because of distance and/or transportation problems (5%).

Five per cent (5.4%) of respondents said that it had been "very difficult" for them to get services from a medical specialist on their most recent visit and another 18.3% said that it was "a bit difficult." For those respondents who reported a degree of difficulty accessing a specialist, the most frequently mentioned reasons given for rating access to services difficult was long waiting time for appointment (67%) and long waiting time at the doctor's office (5%). Other reasons given were: difficulty obtaining a referral to a specialist (27%) and difficulty getting to the doctor because of distance and/or transportation problems (9%).

Respondents who had most recently seen their family doctor indicated how long they had to wait from the time they made the appointment. Forty per cent (40%) of respondents saw their doctor on the same day, an additional 36% saw their doctor in less than one week, 14% waited from one week up to two weeks, and 7% waited from two weeks to a month. Four per cent (4%) waited more than one month.

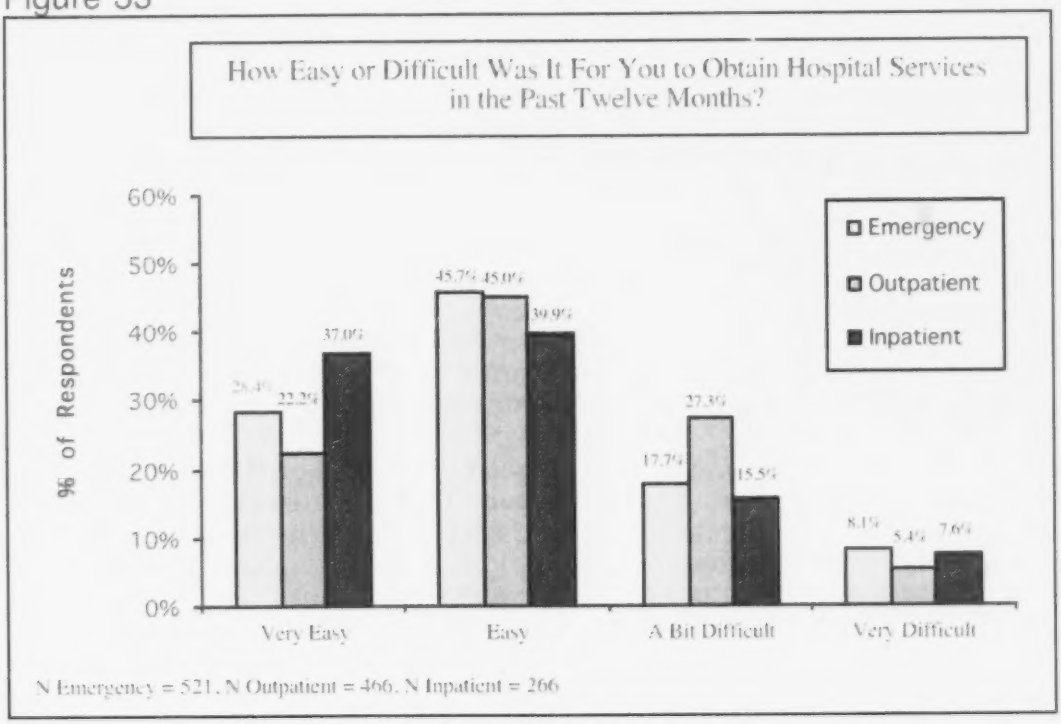
Respondents who had most recently seen a specialist indicated how long they had to wait from the time they made the appointment. Seventeen per cent (17%) of respondents saw the specialist on the same day, 16% saw the doctor in less than one week, 12% waited from one week up to two weeks, and 15% waited from two weeks to a month. Thirty-nine per cent (39%) waited more than one month including 25% who waited for up to three months, 10% for three to six months, and 5% who waited more than six months.

6.6 Ease of Access to Hospital

Forty-one per cent (41%) of Albertans who had received health care services in Alberta in the past twelve months had personally received health services at a hospital. Of these, 42% received emergency services, 37% day (outpatient) services, and 21% stayed overnight in the hospital as an inpatient. Overall, 72% said it was easy or very easy to obtain hospital services. For those who had received emergency care, 74% said that it had been easy or very easy to obtain this service. Sixty-seven per cent (67%) of those who received outpatient hospital care said that it had been easy or very easy to obtain this service and 77% of inpatients indicated that it had been easy or very easy to obtain admission to the hospital.

In 2003, 28.4% of respondents who sought emergency hospital service said access was very easy, 45.7% said easy, 17.7% indicated access was a bit difficult, while 8.1% said it was very difficult. Regarding those respondents who had been hospital outpatients, 22.2% said access was very easy, 45.0% said easy, 27.3% indicated access was a bit difficult, while 5.4% said it was very difficult. Among hospital inpatients, 37.0% said access was very easy, 39.9% said easy, 15.5% indicated access was a bit difficult, while 7.6% said it was very difficult (see Figure 33).

Figure 33



Of respondents who had sought emergency services at the hospital, 8.1% said that it had been "very difficult" for them to get service and another 17.7% said that it was "a bit difficult." For those respondents who reported a degree of difficulty accessing emergency services, the most frequently mentioned reasons given for rating access to services difficult was long waiting time (86%), not enough doctors and nurses (11%), long waiting list for surgery or to be admitted (9%), and location of the hospital (6%).

Over five per cent (5.4%) of respondents who had sought outpatient services at the hospital said that it had been "very difficult" for them to get service and another 27.3% said that it was "a bit difficult." For those respondents who reported a degree of difficulty accessing outpatient services, the most frequently mentioned reasons given for rating access

to services difficult was long waiting list for surgery or to be admitted (82%), long waiting time in emergency (13%), not enough doctors and nurses (7%), location of the hospital (3%), and getting time off work or away from family responsibilities (2%).

About eight per cent (7.6%) of respondents who had sought inpatient services at the hospital said that it had been "very difficult" for them to get service and another 15.5% said that it was "a bit difficult." For those respondents who reported a degree of difficulty accessing inpatient services, the most frequently mentioned reasons given for rating access to services difficult was long waiting list for surgery or to be admitted (66%), long waiting time in emergency (25%), location of the hospital (13%), and not enough doctors and nurses (8%).

7 The Family's Contribution to Health Care

Respondents were asked about health care support that they had provided recently to a family member (see questions 21a to 21f in Appendix B). Forty-one per cent (41%) said that they had provided health care support to a family member in the past six months. Support provided included emotional support (53% of those persons who provided care), home/personal care (40%), transportation (36%), help with household chores (18%), child care (13%), financial assistance (10%), and palliative care (3%).

Thirty-six per cent (36%) of males and 46% of females provided health care support to a family member in the past six months (see Figure 34). Indeed, women at all ages under 65 years of age were more likely to provide health care support to family members than were their male counterparts. Males and females 25-64 years of age were most likely to have provided health care support.

Of those persons who provided support, 42% said that it was not an inconvenience, 44% said that it was a minor inconvenience or disruption, while 14% (5.8% of the total sample) indicated that providing health care support to a family member was a major disruption of their normal activities. Women were more likely than men to report that providing health care support to a family member was a major disruption (see Figure 35). Disruption was most likely to be reported by women 45 to 64 years of age.

Respondents were asked if in the past six months they had paid to obtain health care support in the home for self or for a family member (spouse/partner, parent, grandparent, sibling, child, or grandchild). A total of 6% answered yes to this question. Forty per cent (40%) of those persons who paid to obtain health care support in the home had some or all of the cost paid through private insurance. The types of health care support most frequently purchased included home care nurse (25% of those paying for health care support in the home), prescriptions and medical supplies (31% and 14% respectively), housekeeping services (13%), health care professionals such as physiotherapists (13%), alternative therapy such as chiropractic, homeopathy, massage, or acupuncture (7%), child care (3%), counselling (4%) and live-in companion (1%). Another 15% said that they had provided financial support.

Figure 34

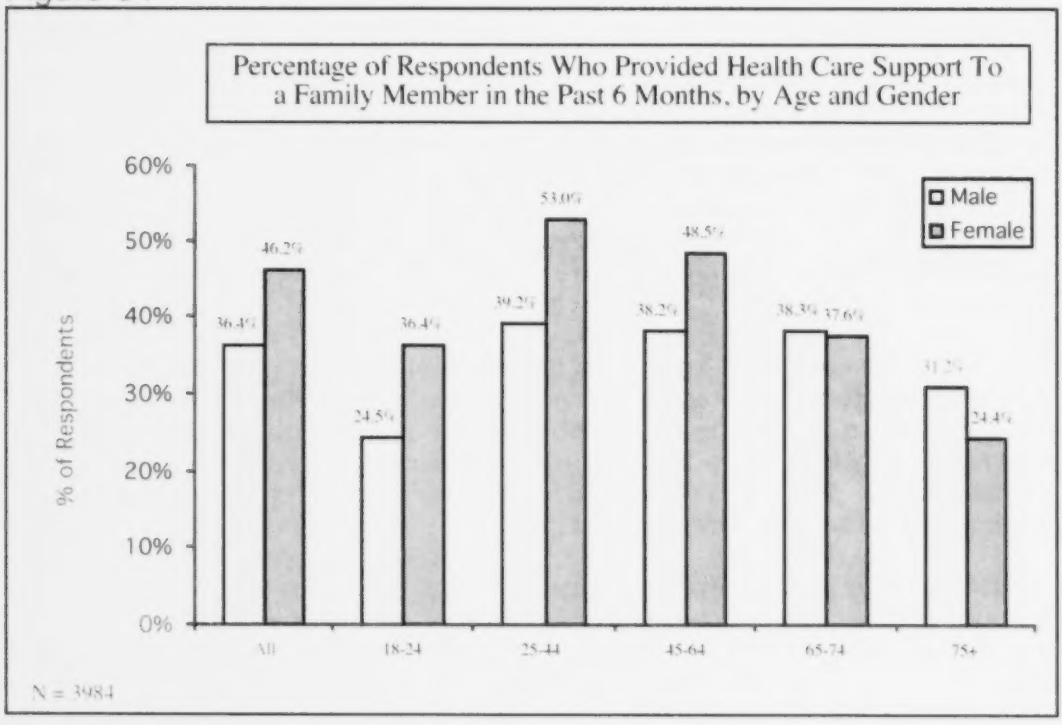
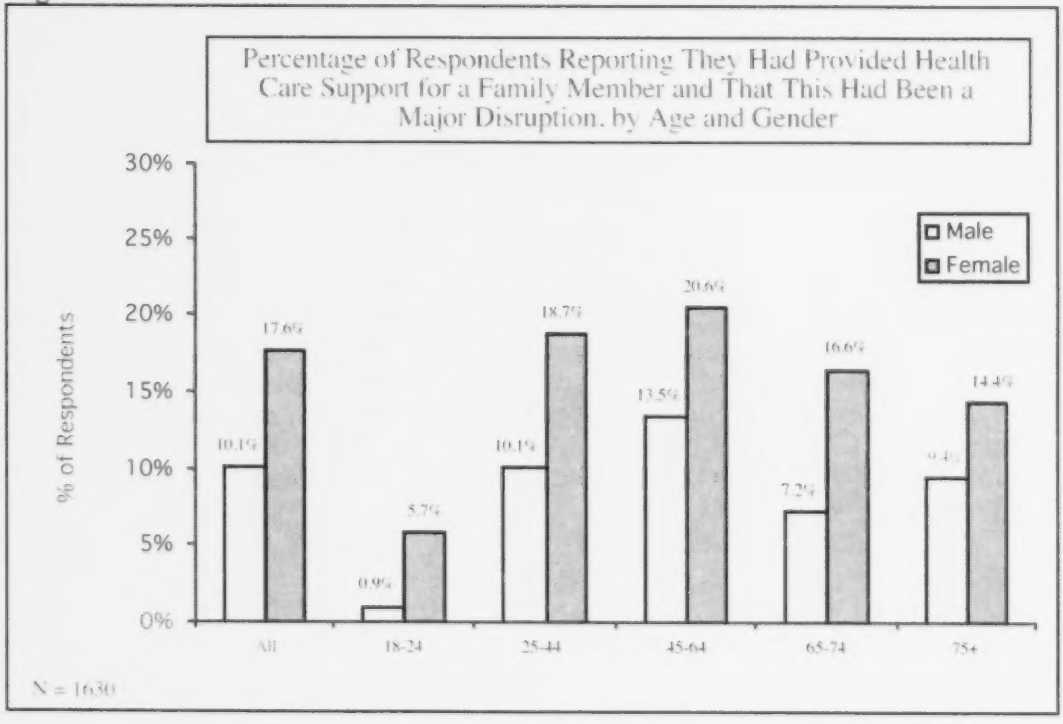


Figure 35



8 Satisfaction With the Health Care System

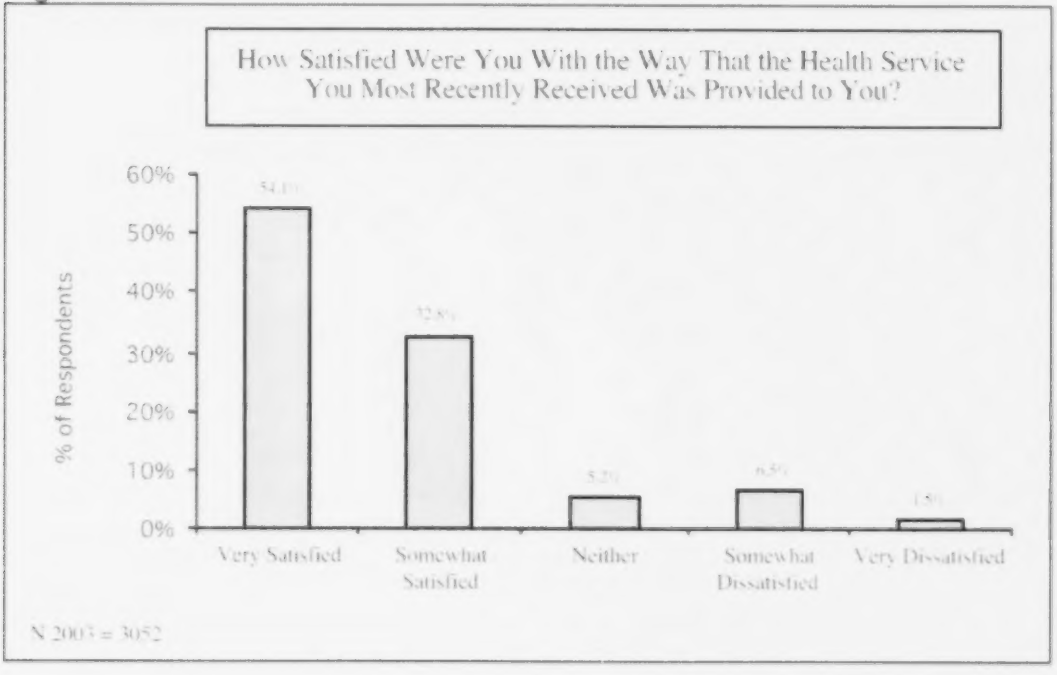
Respondents were asked how satisfied they were with the way that the health services they had most recently received were provided to them. Respondents also indicated how satisfied they were with the health system and provided an overall rating of the health care system in Alberta (see questions 18, 23, and 24 in Appendix B).

8.1 Satisfaction with the Provision of Services

Seventy-seven per cent (77%) of Albertans had received at least one health care service in Alberta in the past twelve months. Regarding the service most recently received, 67.4% had visited a physician, 8.0% a public health clinic, 7.1% a public health laboratory, and 14.9% had been to a hospital (6.4% to emergency, 6.2% had been outpatients, and 2.3% had been inpatients). The remaining 2.6% had received services such as home care or medical support devices such as Aids to Daily Living.

Overall, 86.9% of Albertans said that they were either very satisfied or somewhat satisfied with the way the health service they had most recently received was provided to them (see Figure 36). In 2003, 54.1% of respondents were very satisfied, 32.8% said they were somewhat satisfied, 5.2% chose neither satisfied nor dissatisfied, 6.5% were somewhat dissatisfied, while 1.5% said they were very dissatisfied.

Figure 36



The 86.9% of respondents who were very or somewhat satisfied said that what made them satisfied with the way service was provided was the following (respondents could give more than one response): the service was provided in an efficient and timely manner (50%), a good job was done (40%), service was very professional (20%), the provider explained things and answered questions (20%), the provider was friendly (18%), the provider seemed to care about the client (14%), the provider listened to the client (10%), and the provider discussed options and choices with the client (4%).

The 8.0% of respondents who were very or somewhat dissatisfied with the way service was provided made the following comments (respondents could give more than one response): waited too long for service (37%), a poor job was done (27%) or things were not done properly (16%), and service was of poor quality (23%) or was rushed (23%). Others complained that the provider did not seem to care about the client (14%), did not listen to the client (13%), did not discuss options and choices (8%), or was not friendly (10%). A few felt that they were left alone too long (6%), did not understand what was being done (4%), or found the facility untidy, crowded, or unpleasant (1%).

8.2 Overall Satisfaction With the Health Care System

Overall, 73.1% of Albertans said that they were either very satisfied or somewhat satisfied with the health care system in Alberta in 2003 (compared to 68.9% in 2002 and 75.8% in 2001; see Figure 37). Satisfaction with the health care system has increased significantly from 2002 to 2003. In 2003, 17.4% of respondents were very satisfied, 55.7% said they were somewhat satisfied, 11.7% chose neither satisfied nor dissatisfied, 12.0% were somewhat dissatisfied, while 3.2% said they were very dissatisfied.

Satisfaction with the health system in Alberta was somewhat higher among males in comparison to females and tended to be higher for the youngest and oldest adults in comparison to the middle age groups (see Figure 38).

Figure 37

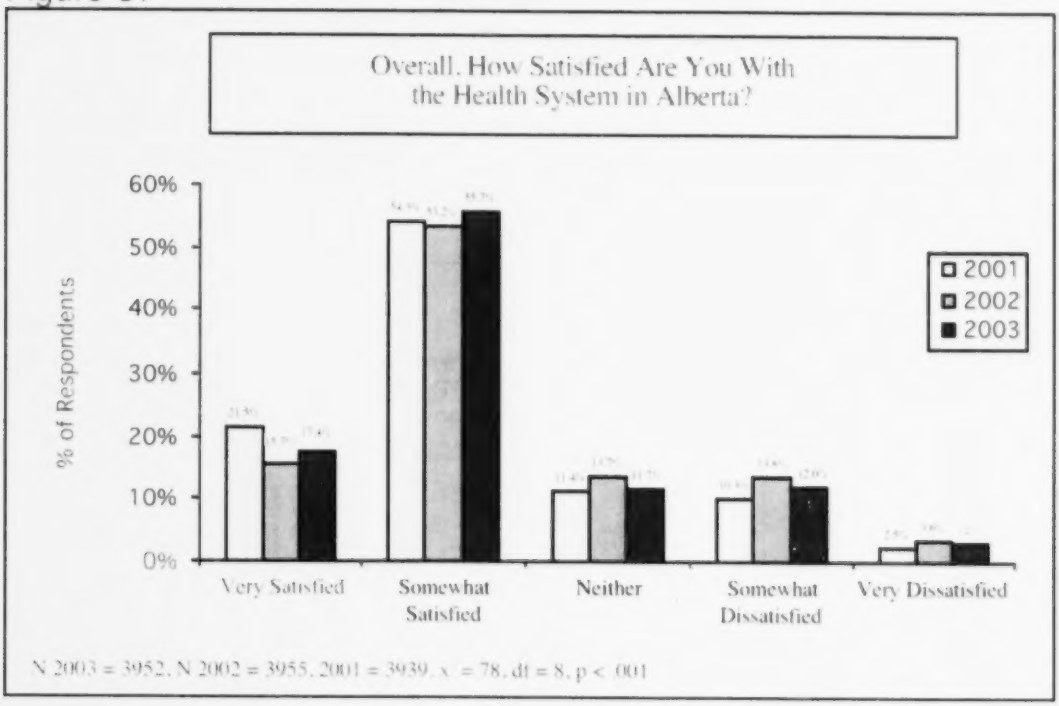
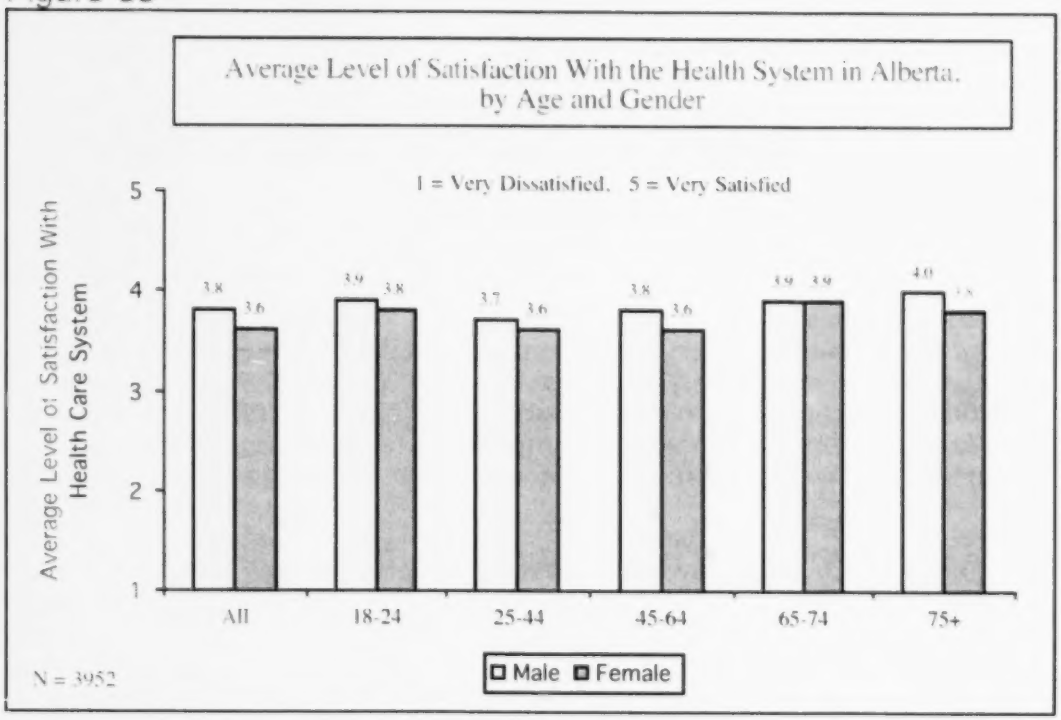


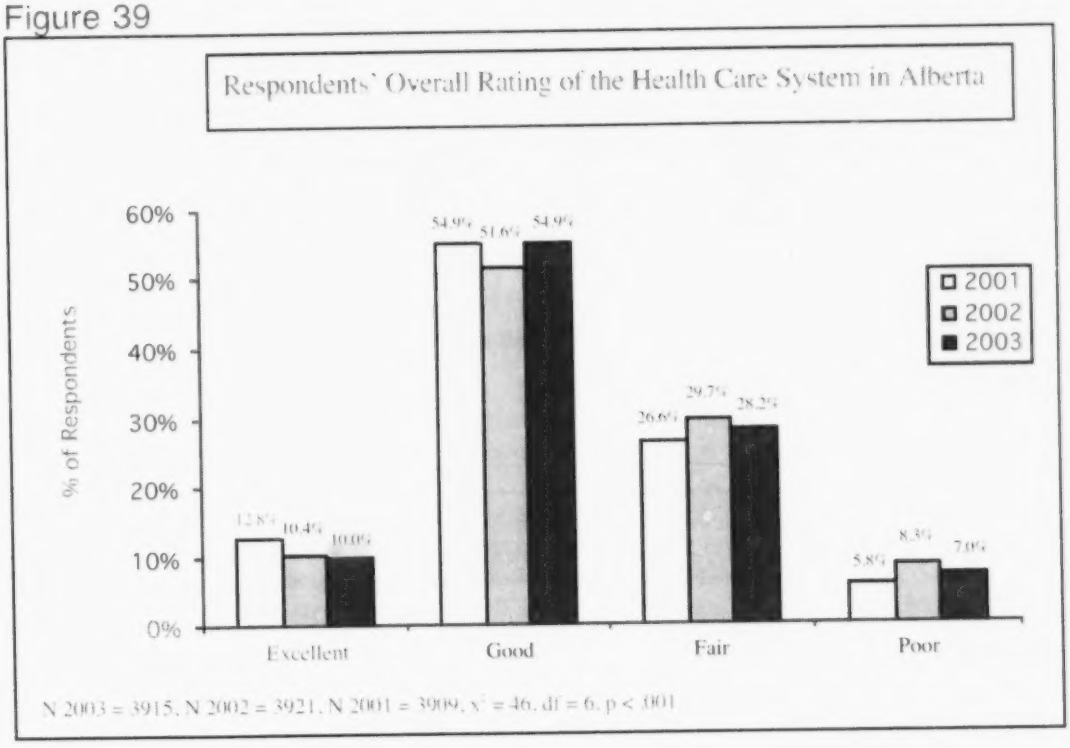
Figure 38



8.3 Overall Rating of the Health Care System

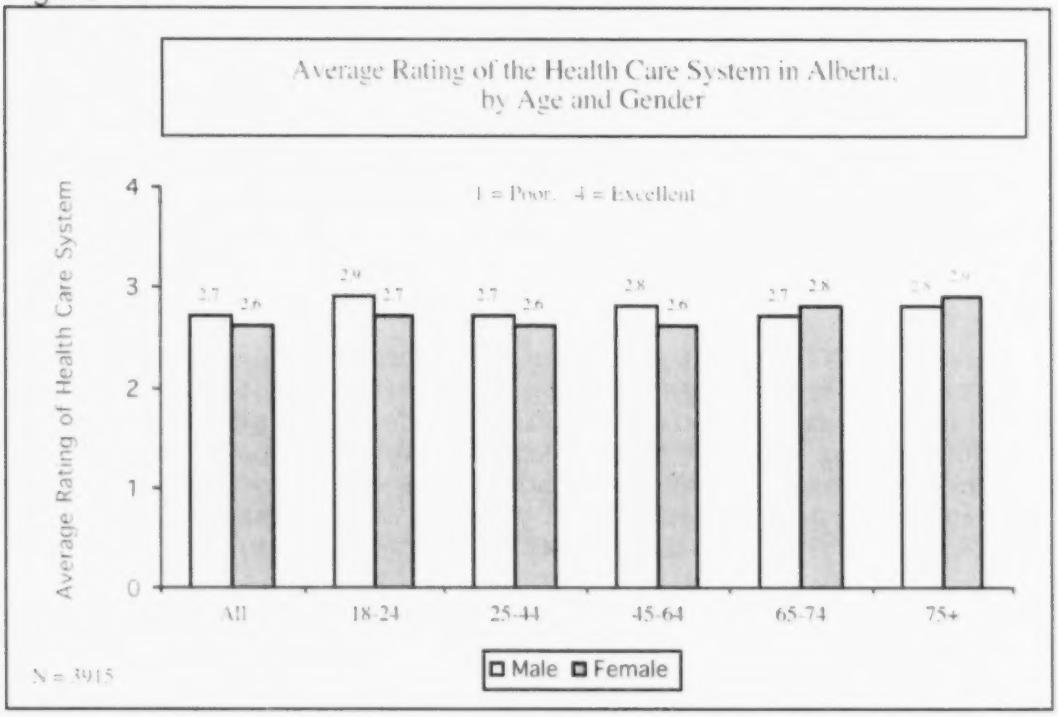
Overall, 64.9% of Albertans rated the health care system in Alberta as either good or excellent in 2003 (compared to 62.0% in 2002 and 67.7% in 2001; see Figure 39). Ratings of the health care system increased significantly from 2002 to 2003. In 2003, 10.0% rated the health care system in Alberta as excellent, 54.9% rated it as good, 28.2% chose fair, and 7.0% said it was poor.

Figure 39



Males tended to rate the health care system in Alberta a little higher than did females (see Figure 40).

Figure 40



Seven per cent (7.0%) of respondents rated the health care system in Alberta as "poor" while another 28.2% rated it as "fair." The respondents who rated the health care system as fair or poor were asked to provide up three reasons for their rating. Most of the reasons given can be grouped into three categories (data not shown).

The most common category of responses focused on accessibility and availability of services. Indeed, the most frequent criticism was long waiting times given by 54% of those respondents who rated the health care system as fair or poor. Other reasons given relating to accessibility and availability included: staff shortages, services that were hard to get, hospital closures and bed shortages, fewer health services, and doctors leaving.

The second category of reasons given for a fair or poor rating of the health care system focused on dissatisfaction with quality (low quality, not satisfied with service received, system getting worse). The third category of reasons addressed funding issues (cuts, focus on costs and not health, Alberta Health Care Insurance premiums, user fees, and privatization).

Appendix A

Methods

A.1 Sampling

The delivery of public health care in Alberta has been the responsibility of seventeen health regions. These regions vary greatly in size and demographics. In order to provide accurate information for the seventeen regions (using 2001 boundaries), it was important that each region obtain sufficiently detailed data.

In accordance with the methodology used from 1996 to 2002 the four Northern health regions were each assigned a minimum of 100 interviews and the remaining sample of 3600 was divided between the remaining 13 regions. The formula used to divide the sample allocated survey quotas proportionate to the square root of the population 18 years of age and older in each of the regions, using 2002 Alberta Health Registration Population data provided by Alberta Health and Wellness.

In order to conduct valid analysis of the province-wide data, the responses from the various health regions were weighted appropriately. For example, although 100 interviews were conducted in the Northwestern Health region, the adult population of that region represents only approximately 21/4000 of the total adult population of Alberta (meaning that in a proportionate sample, only 21 interviews would have been assigned to this region). The responses from the 100 surveys conducted in that region were merged into the full Alberta data with a weight of 0.21. The calculation resulted in the following breakdown of actual surveys and weighted samples between regions:

Region	Sample size	Weighted sample	Region	Sample size	Weighted sample
1 - Chinook	259	191.79	10 - Capital	633	1139.89
2 - Palliser	209	124.12	11 - Aspen	204	119.43
3 - Headwaters	191	103.92	12 - Lakeland	206	121.38
4 - Calgary	679	1313.29	13 - Mistahia	201	114.41
5 - Health Authority 5	158	72.23	14 - Peace	100	30.62
6 - David Thompson	295	248.73	15 - Keeweetinok L.	100	30.02
7 - East Central	215	131.98	16 - Northern Lights	100	58.05
8 - WestView	206	121.17	17 - Northwestern	100	21.15
9 - Crossroads	144	58.83			
			TOTAL	4000	4000

The weights attached to the data from each region for the purposes of province-wide analysis are as follows:

Region	Weighting multiplier	Region	Weighting multiplier
1 - Chinook	0.7404859437	10 - Capital	1.8007782801
2 - Palliser	0.5938934049	11 - Aspen	0.5854533336
3 - Headwaters	0.5440951312	12 - Lakeland	0.5892121982
4 - Calgary	1.9341479206	13 - Mistahia	0.5691848250
5 - Health Authority 5	0.4508307714	14 - Peace	0.3061851356
6 - David Thompson	0.8431594340	15 - Keeweetinok Lakes	0.3001535394
7 - East Central	0.6138536931	16 - Northern Lights	0.5804767023
8 - WestView	0.5882195282	17 - Northwestern	0.2114495507
9 - Crossroads	0.4085504321		

Based on the population estimates for each region, quotas were established for the number of interviews to be conducted with persons in specific age and gender categories for each of the regions. This sampling method assures proportional representation for age and gender groups which might be underrepresented in a fully random sample. Typically, underrepresented groups would include young people, especially males, and the elderly. Young people are less likely to be home and available for an interview, while some elderly Albertans take extended vacations or are living in residential facilities and may not be accessible through random digit dialing. The full quota table is reproduced below:

Quota Table By Health Region, Age and Gender																			
		Health Region																	
Age	Gender	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	Total
18-24	M	20	16	13	44	10	21	14	15	11	43	14	15	16	8	8	9	10	287
	F	19	15	13	44	10	21	14	14	10	43	13	14	16	7	8	8	10	279
25-44	M	47	41	38	152	30	59	39	42	29	130	39	38	45	20	24	25	25	823
	F	47	40	39	152	30	59	40	42	29	130	40	41	43	20	24	25	25	826
45-64	M	39	31	32	104	25	46	34	36	22	98	34	32	30	16	14	17	12	622
	F	40	31	30	102	25	45	33	33	22	98	32	31	28	15	13	14	11	603
65+	M	21	16	12	35	13	20	19	12	10	39	16	17	11	7	5	1	4	258
	F	26	19	14	46	15	24	22	12	11	52	16	18	12	7	4	1	3	302

In previous surveys, separate sampling quotas were set for persons 65-74 and 75+ years of age. In the 2003 survey, these two age groups were combined to increase the efficiency of data collection. The sampling method used in 2003 produces samples of persons 65-74 and 75+ years of age consistent with their distribution in the population (see Figure 1).

A random digit dialing approach was used in each health region to contact respondents. This method ensures that a random sample of Albertans is selected. The PRL uses its databank of Alberta telephone numbers to identify which telephone banks (the first five digits of the seven digit telephone number) in each health region (xxx-xxyy) are in

operation. A simple program is then used to randomize the last two digits (yy) in each bank. The resultant output is loaded into the CATI system, which randomly allocates these numbers to the various interviewing stations.

As with any telephone-administered survey, certain categories of resident are excluded. These would include all those living in a household without a telephone, many of those living in long-term care facilities, and persons residing in correctional facilities.

A.2 Response Rate

One important factor in ensuring the reliability of data collected through random digit dialing surveys is the response rate achieved for the survey. Certain groups of potential respondents are less likely to be available for a telephone interview than others. While the stratified sample used in this survey compensates for age and gender bias, other potential biases can only be addressed by assuring the highest possible response rate. For example, unemployed, sick, and disabled persons may be more likely to be at home and therefore will tend to be over-represented in a random survey with a low response rate.

The PRL uses two methods to improve response rate. First, telephone numbers allocated by the CATI system were redialed at different times of the day before they were coded as "no response". This increased the likelihood of securing an interview with busy individuals. Second, the PRL employs specially trained and experienced "refusal interviewers" to "convert" potential respondents' initial refusals to agreement to participate.

Two methods are used to calculate response rates. The first calculation uses the following formula:

$$\text{Response rate} = \frac{\text{\# of completed interviews}}{\text{\# of completed interviews plus \# refused plus \# incompletes plus \# language barrier}}$$

Using this formula, the response rate for 2003 is 73.7% compared to 76.5% in 2002, 81.1% in 2001, 79.8% in 2000, 79.1% in 1999, 83.5% in 1998, 78.3% in 1997, and 76.4% in 1996.

A number of categories of uncompleted call dispositions, which are disregarded in the above formula, are incorporated in the following formula. This calculation will show a lower response rate than the above calculation. The formula uses disposition codes from the following table.

$$\text{Response rate} = \frac{\text{\# of completed interviews}}{\text{\# of completed interviews plus disposition codes 1-3,6-10,13,14,20}}$$

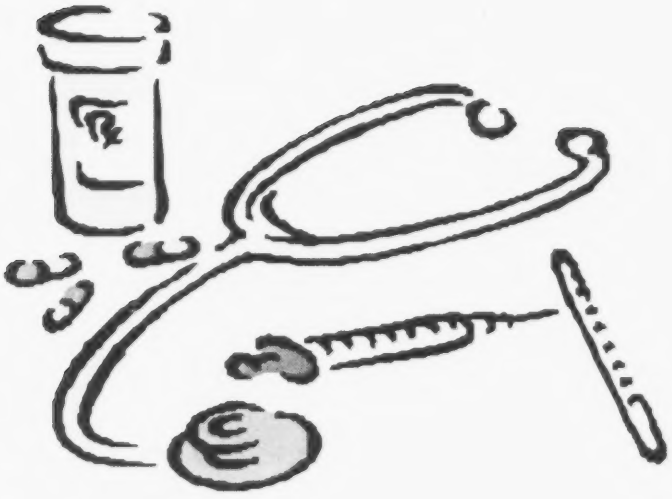
CATI Disposition	Final Outcome of Call Attempt	Frequencies							
		1996	1997	1998	1999	2000	2001	2002	2003
1	No answer	748	932	548	711	687	628	567	974
2	Busy	44	25	24	38	20	27	15	36
3	Answering machine	248	225	288	442	433	815	548	922
4	Completed Interviews	4000	4000	4000	4000	4000	4000	4000	4000
5	Line Trouble	53	32	60	162	53	131	725	662
6/14	Respondent not home/ household residents away	88	148	65	94	155	150	200	186
7	Callback - Time specified	155	136	139	111	72	110	188	175
8/13/20	Initial refusals/Final Refusals/ Refusal Callbacks	1125	961	695	939	898	826	1056	1333
9	Incomplete interviews	29	31	35	38	37	42	39	24
10	Language problems	81	117	60	77	77	65	134	74
11	Not in service	4431	5159	4225	4241	5537	5894	6400	5797
12	Business / Fax	2956	3681	3321	3771	3597	3710	4010	3915
16	Second residence, New resident	34	24	64	52	69	76	79	70
19	Quota filled	2353	3544	2382	2353	2361	2043	3771	1998
	TOTAL phone numbers allocated	16457	19015	15906	17029	17996	18517	21732	20166

Using this method, the response rate for the 2003 survey is 51.8% compared to 59.3% in 2002, 60.0% for 2001, 62.7% for 2000, 62.0% for 1999, for 68.3% 1998, 60.8% for 1997, and 61.4% for 1996.

Appendix B

Questionnaire

2003 Public Survey about Health and the Health System in Alberta



Population Research Laboratory
University of Alberta

March 2003

The 2003 Public Survey about Health and the Health System in Alberta

TELEPHONE INTRODUCTION SHEET 2003

1. Hello, my name is _____ and I'm calling (long distance) from the Population Research Lab at the University of Alberta.

   I have dialled XXX-XXXX. Is this correct?

2. Your telephone number was selected at random by computer.

   The Lab is conducting a public opinion study to help Alberta Health and Wellness better understand the views of Albertans on health and the health care system in this province.

   To ensure that we speak to a good cross-section of people for your health region, can you please tell me the following:

3a. How many women aged 18 or over live at this number?

   NUMBER OF WOMEN? _____

   -1 Refused

3b. How many men aged 18 or over live at this number?

   NUMBER OF MEN? _____

   -1 Refused

4. RECORD SEX OF POTENTIAL RESPONDENT

   1 Male
   2 Female

5a. In which age category do you belong? (READ CATEGORIES)

1 18 - 24 years
2 25 - 44 years
3 45 - 64 years
4 65 - 74 years
5 75 years or older

[INTERVIEWER NOTE: If respondent refused, ask if someone else in the household can participate. If not end and code the disposition appropriately.]

[INTERVIEWER NOTE: IF AGE/GENDER QUOTAS ARE FILLED, LOOK AT QUOTA SHEET TO ASK FOR SOMEONE ELSE WHO MAY BE QUALIFIED AND BACK UP (ESC) KEY TO RE-QUALIFY. TERMINATE INTERVIEW IF AGE REFUSED OR AGE/GENDER QUOTAS ARE FILLED; OTHERWISE CONTINUE]

6. I would like to interview you and I'm hoping that now is a good time for you. Your opinions are very important for the research that is being done for health care decision-makers in Alberta. The interview should take 10-12 minutes, depending on the questions that apply to you.

May we proceed with the interview now? (IF NO, SCHEDULE A CALLBACK OR TERMINATE CALL AND CODE APPROPRIATELY).

7. Before we start, I'd like to assure you that your participation is voluntary and that any information you provide will be used only for the indicated purposes in conformity with the Alberta Freedom of Information and Protection of Privacy Act. If there are any questions that you do not wish to answer, please feel free to point these out to me and we'll go on to the next question. You of course have the right to terminate the interview at any time.

8. Your name is not required and no one can identify individual answers in this study. If you have any questions about the survey, you can call the telephone supervisor at 492-2505 (or 1-866-999-2505 toll free) for further information. You may also check the legitimacy of this study with the Registration Branch of Alberta Health and Wellness at 427-1432. (If long distance dial toll-free 310-0000 and then phone number.)

I WOULD LIKE TO BEGIN WITH SOME QUESTIONS ON YOUR HEALTH.

1. In general, compared with other people your age, would you say your health is...(READ)

1 Excellent
2 Very Good
3 Good
4 Fair
5 Poor

8 Don't Know (VOLUNTEERED)
0 No Response

2a. Now, thinking of your PHYSICAL HEALTH, which includes physical illness and injury, for how many days during the past 30 days was your physical health NOT good?

_____ Number of days PHYSICAL health NOT good

-1 Don't know
-2 No response

2b. Now, thinking of your MENTAL HEALTH, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health NOT good?

_____ Number of days MENTAL health NOT good

-1 Don't know
-2 No response

2c. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

_____ Number of days health kept you from usual activities

-1 Don't know
-2 No response

[INTERVIEWER NOTE: BEFORE GOING ON TO THE NEXT QUESTION, AND IF RESPONSE TO THIS QUESTION WAS MORE THAN 5, READ BACK: "SO, POOR PHYSICAL OR MENTAL HEALTH KEPT YOU FROM YOUR USUAL ACTIVITIES FOR xx DAYS IN THE LAST MONTH?"]

3. In general, how would you describe your current habits and lifestyle? Would you say they are...(READ)

1 Very healthy
2 Healthy
3 Somewhat unhealthy
4 Very unhealthy

8 Don't Know (VOLUNTEERED)
0 No Response

4a. In the past 12 months, have you made any changes in your habits or lifestyle to improve your health?

1 Yes (ASK 4b)
2 No (GO TO 5a)

0 No Response (GO TO 5a)

4b. What changes have you made? (DO NOT READ LIST. SELECT ALL THAT APPLY)

Increased exercise/physical activity
Changed diet/improved diet
Quit/reduced smoking
Used vitamin or herbal remedy
Managed/reduced stress
Reduced/quit alcohol consumption
Lost weight
Changed sexual behaviour/reduced risk of STD
Reduced drug/medication use
Managed/reduced blood pressure
Managed/reduced cholesterol
Changed physical environment/moved
Received medical treatment (including mental health treatment)
Improved dental hygiene
Reduced risk of injury
Changed Sleeping Habits
Other (PLEASE SPECIFY)
No Response

5a. How would you describe your own level of need for health services during the past year? Would you say it was....(READ)

1 Low
2 Moderate
3 High

8 Don't Know (VOLUNTEERED)
0 No Response

(HEALTH SERVICES INCLUDE SERVICES AVAILABLE FROM HOSPITALS, PHYSICIANS' CLINICS, LONG TERM CARE FACILITIES, PUBLIC HEALTH SERVICES, HOME AND COMMUNITY CARE SERVICES, AND REGIONAL HEALTH AUTHORITIES.)

5b. Think about the person LIVING in your household, including yourself, with the greatest need for health services during the past year. How would you describe this person's level of need? Would you say it was...(READ)

1 Low
2 Moderate
3 High

8 Don't Know (VOLUNTEERED)
0 No Response

(HEALTH SERVICES INCLUDE SERVICES AVAILABLE FROM HOSPITALS, PHYSICIANS' CLINICS, LONG TERM CARE FACILITIES, PUBLIC HEALTH SERVICES, HOME AND COMMUNITY CARE SERVICES, AND REGIONAL HEALTH AUTHORITIES.)

6a. Do you have a chronic health problem which requires regular health services?

1 Yes (ASK 6b)
2 No (GO TO 8)

0 No Response (GO TO 8)

(IF RESPONDENT ASKS WHAT CHRONIC MEANS : BY CHRONIC WE MEAN LASTING A LONG TIME; FOR EXAMPLE LASTING ONE YEAR OR LONGER)

6b. Could you please describe your chronic health problem(s) or condition(s)? (DO NOT READ LIST. SELECT ALL THAT APPLY)

Neurological diseases (e.g., CNS degeneration, fibromyalgia, Parkinson's)
Mental health
Heart and circulatory diseases (e.g., hypertension, high blood pressure)
Asthma and other chronic respiratory diseases (e.g., emphysema, bronchitis)
Diabetes, thyroid, other endocrine diseases
Cancer (all types, including skin cancer)
Gastro-intestinal (affecting liver, pancreas, stomach, intestines, gall bladder)
Genito-urinary (kidneys, bladder, urinary tract)
Reproductive (impotence, fertility)
Allergies (e.g., hay fever)
Muscular or skeletal (including skin diseases, arthritis, multiple sclerosis)
Chronic pain
Other (specify)
No Response

7a. Do you believe that you have the information you need to take care of your chronic health problem(s) or condition(s)?

1 Yes (GO TO 7c)
2 No

8 Don't Know (GO TO 7c)
0 No Response (GO TO 7c)

7b. What information do you need? [DO NOT READ. SELECT ALL THAT APPLY.]

Information about the chronic condition
Information about how to take care of the condition (general)
Information about the use of medications
Information about self-testing, self monitoring the condition
Information about alternative therapies
Information on supports available in my community
Information on self-help groups (others with condition like mine)
Information on behaviours and lifestyle factors
Other (Please Specify)
Don't Know
No Response

7c. What services do you use now to take care of your chronic health problem(s) or condition(s)? [DO NOT READ. SELECT ALL THAT APPLY.]

General Practitioner
Medical Specialist
Tests, diagnostic services
Mental Health services
Hospital Outpatient (appointment)
Pharmacy, medications
Home care services
Aids to Daily Living (AADL) supplies & supports
Emergency Hospital Services
Rehabilitation Therapy (not in the home)
Nutrition services/advice
General, all kinds (ask for specifics; select from list if on)
Other (Please Specify)
No Response

[INTERVIEWER NOTE: Aides to Daily Living can be medical supplies (e.g. ostomy bags, diapers), home refits (e.g. tub rails), hearing aids.]

[INTERVIEWER NOTE: Services provided by professionals, including nurses, such as IV changes and bandage changes would be Home Care Services.]

7d. What other services, that you don't use now, would help you to take care of your chronic health problem or condition? [DO NOT READ. SELECT ALL THAT APPLY.]

General Practitioner
Medical Specialist
Tests, diagnostic services
Mental Health services
Hospital Outpatient (appointment)
Pharmacy, medications
Home care services
Aids to Daily Living (AADL) supplies & supports
Emergency Hospital Services
Rehabilitation Therapy (not in the home)
Nutrition services/advice
General, all kinds (ask for specifics; select from list if on)
Other (Please Specify)
No Response

[INTERVIEWER NOTE: Aides to Daily Living can be medical supplies (e.g. ostomy bags, diapers), home refits (e.g. tub rails), hearing aids.]

[INTERVIEWER NOTE: Services provided by professionals, including nurses, such as IV changes and bandage changes would be Home Care Services.]

NOW I WOULD LIKE TO ASK YOU SOME GENERAL QUESTIONS ABOUT THE HEALTH SERVICES THAT ARE AVAILABLE TO YOU. HEALTH SERVICES INCLUDE SERVICES AVAILABLE FROM HOSPITALS, PHYSICIANS' CLINICS, LONG TERM CARE FACILITIES, PUBLIC HEALTH SERVICES, HOME AND COMMUNITY CARE SERVICES, AND REGIONAL HEALTH AUTHORITIES.

8. In general, how would you rate your knowledge of the health services that are available to you? Would you say..(READ)

1 Excellent
2 Good
3 Fair
4 Poor

8 Don't Know (VOLUNTEERED)
0 No Response

9. Do you think you need more information about the health services that are available to you?

1 Yes
2 No

8 Don't Know (VOLUNTEERED)
0 No Response

THE NEXT QUESTIONS ARE ABOUT THE HEALTH SYSTEM IN GENERAL. THE HEALTH SYSTEM INCLUDES HOSPITALS, PHYSICIANS' CLINICS, LONG TERM CARE FACILITIES, PUBLIC HEALTH SERVICES, HOME AND COMMUNITY HEALTH SERVICES, REGIONAL HEALTH AUTHORITIES, AND THE PROVINCIAL DEPARTMENT OF HEALTH.

10. Overall, how would you rate the AVAILABILITY of health care services in your community? Would you say it is ...(READ)

1 Excellent
2 Good
3 Fair
4 Poor

8 Don't Know (VOLUNTEERED)
0 No Response

11. Overall, how would you rate the QUALITY of health care services that are available in your community? Would you say...(READ)

1 Excellent
2 Good
3 Fair
4 Poor

8 Don't Know (VOLUNTEERED)
0 No Response

12a. How easy or difficult is it for you to get the health care services you need when you need them? Would you say it is...(READ)

1 Very easy (GO TO 13a)
2 Easy (GO TO 13a)
3 A bit difficult (ASK 12b)
4 Very difficult (ASK 12b)

0 No Response (GO TO 13a)

(INTERVIEWER NOTE: respondent must be involved with getting services for family member if not answering this question about self. E.g., getting service for child or invalid spouse)

12b. Which services do you have difficulty obtaining? (DO NOT READ LIST. SELECT ALL THAT APPLY)

General practitioner
Medical specialist
Tests, diagnostic services (e.g., Xrays, MRIs)
Mental health services
Hospital admission, surgery
Long term care facility
Home care support
Aids to Daily Living (AADL) supplies & supports
Emergency care
Rehabilitation therapy
General, all kinds (Ask for specifics; select from list above if possible)
Other (Please specify)
No Response

[INTERVIEWER NOTE: Aids to Daily Living can be medical supplies (e.g. ostomy bags, diapers), home refits (e.g. tub rails), hearing aids.]

[INTERVIEWER NOTE: Services provided by professionals such as IV changes and bandage changes would be Home Care support.]

12c. What makes it difficult for you? (DO NOT READ LIST. SELECT ALL THAT APPLY)

Transportation problems
User fees for service
Long distance to travel for service
Getting time off work
Service provided at inconvenient time; unavailable certain days
Cost of drugs, supplies, etc. is too high
Long waiting period for appointments
Hard to get quality care/advice from service providers
Not enough health professionals
Difficulty understanding what I am told by service providers
I don't know how to get what I need
Other (PLEASE SPECIFY)
No Response

13a. Over the past 12 months, were you ever unable to obtain health care services when you needed them?

1 Yes (ASK 13b)
2 No (GO TO 14a)

0 No Response (GO TO 14a)

(INTERVIEWER NOTE: respondent must be involved with getting services for family member if not answering this question about self. E.g., getting service for child or invalid spouse)

13b. What type of service or services were you unable to obtain? (DO NOT READ LIST. SELECT ALL THAT APPLY)

Medical doctor (gp - general practitioner)
Medical doctor (specialist)
Emergency care
Ambulance service
Hospital in-patient care
Hospital out-patient care
Long-term care in a facility
Medical test services
Home care services
Therapy (Excluding mental health. E.g. physio, speech and occupational therapy.)
Immunization for self/child
Mental health services or counselling
Other (PLEASE SPECIFY)
No Response

13c. Why could you not get this needed service? (DO NOT READ LIST. RECORD ONE ANSWER ONLY. HAVE RESPONDENT CHOOSE MOST RELEVANT IF MORE THAN ONE)

1 Could not afford the cost
2 Could not get an appointment with health professional
3 No emergency available/emergency closed/inconvenient hours
4 Had to wait too long and/or gave up
5 I was not given the treatment I asked for
6 Not available nearby/not convenient to get to
7 Service not covered by health system
8 No hospital bed available
9 Lack of medical staff/too busy
10 Medical staff incompetent/wrong diagnosis
11 Cutbacks (general)
12 No health card
13 Other (PLEASE SPECIFY)

0 Don't Know/No Response

13d. Did this have any effect on you?

1 Yes (ASK 13e)
2 No (GO TO 13f)

0 No Response (GO TO 13f)

13e. What effect did this have on you? (DO NOT READ LIST.RECORD ONE ANSWER ONLY. HAVE RESPONDENT CHOOSE MOST RELEVANT IF MORE THAN ONE)

1 Physical pain/suffering/discomfort
2 Emotional stress/anxiety/worry/depression/fear
3 Got angry/upset/frustrated
4 Health got worse/illness untreated/recovery delayed
5 Travelled/looked elsewhere for service
6 Turned to family/others for support
7 Treated self/refused to go back to hospital
8 Inconvenience/disruptive/difficulty managing
9 Affected employment (e.g. unable to work; missed work)
10 Financial impact (e.g. had to pay/can't afford/lost wages)
11 Loss of function (e.g., difficulty doing daily activities)
12 Other (PLEASE SPECIFY)

0 No response

13f. What happened next? Did you: (READ)

1 Get the service you needed somewhere else
2 Get a different service
3 Get better on your own
4 Get the service you needed at a later time
5 Never receive the needed service
6 Other (PLEASE SPECIFY)

0 No Response

THE NEXT QUESTIONS ARE ABOUT THE HEALTH CARE SERVICES YOU PERSONALLY HAVE RECEIVED IN ALBERTA. HEALTH SERVICES INCLUDE SERVICES AVAILABLE FROM HOSPITALS, PHYSICIANS' CLINICS, LONG TERM CARE FACILITIES, PUBLIC HEALTH SERVICES, HOME AND COMMUNITY HEALTH SERVICES, AND REGIONAL HEALTH AUTHORITIES.

14a. Have you PERSONALLY received any health care services IN ALBERTA in the past 12 months?

1 Yes (ASK 14b)
2 No (GO TO 17a)

0 No Response (GO TO 17a)

14b. Overall, how would you rate the quality of care you personally have received in the past 12 months? Would you say it was...(READ)

1 Excellent (GO TO 14d)
2 Good (GO TO 14d)
3 Fair (GO TO 14c)
4 Poor (GO TO 14c)

8 Don't Know (VOLUNTEERED) (GO TO 14d)
0 No Response (GO TO 14d)

14c. Why do you say that the quality of health service you received was (fair/poor)? (DO NOT READ LIST. SELECT ALL THAT APPLY)

Care too rushed, not thorough, not complete
Lack of confidence in provider, lack of professional competence
Poor communication, poor follow-up, poor coordination of care, multi-referrals
Service poor, improper, bad result
Shortage of staff, overworked/overloaded staff
Access issues, hard to get needed care, care not avail. (e.g. distance)
Did not get the treatment I wanted
Had to wait too long
Lack of courtesy and respect
No time to ask questions/not allowed
Did not get better
Health got worse
Got incorrect information/treatment
Other (SPECIFY)
No Response

14d. How did the health care services you received in the past 12 months affect your health? Would you say the results were...(READ)

1 Excellent
2 Good
3 Fair
4 Poor

8 Don't Know (VOLUNTEERED)
0 No Response

(OPTIONAL READ: Results might include understanding your own personal health or treatment if your health didn't change)

THE NEXT QUESTIONS ARE ABOUT CARE YOU HAVE PERSONALLY RECEIVED FROM A PHYSICIAN IN ALBERTA IN THE PAST 12 MONTHS, EITHER AT THE PHYSICIAN'S OFFICE OR CLINIC. (INTERVIEWER NOTE: IF PERSON MENTIONS GOING TO THE HOSPITAL TO SEE HIS/HER DOCTOR, PROBE TO FIND OUT IF HIS/HER DOCTOR HAS AN OFFICE OR CLINIC AT THE HOSPITAL).

15a. In the past 12 months, have you personally received health services from a physician in Alberta, either a FAMILY DOCTOR or a MEDICAL SPECIALIST?

1 Yes (GO TO 15b)
2 No (GO TO 16a)

0 No response (GO TO 16a)

15b. Think of the most recent time that you obtained a service from a physician. Was this service from a family doctor or a specialist?

1 Family doctor/General practitioner (ASK 15c)
2 Specialist (ASK 15c)

8 Don't know (GO TO 16a)
0 No response (GO TO 16a)

15c. How long did you have to wait from the time you made the appointment until you were able to see your doctor on this occasion? Would you say it was...(READ)

(INTERVIEWER NOTE: IT DOESN'T MATTER IF SOMEONE OTHER THAN THE RESPONDENT MADE THE APPOINTMENT; WE JUST WANT TO KNOW HOW LONG HE/SHE WAITED)

1 Same day (e.g.. walk in clinic)
2 Less than 1 week
3 1 to less than 2 weeks
4 2 weeks to less than 1 month
5 1 to less than 3 months
6 3 to less than 6 months
7 6 months or longer

8 Don't know
0 No response

15d. How would you rate the QUALITY of care you received from this physician on this occasion? Would you say it was...(READ)

1 Excellent (GO TO 15f)
2 Good (GO TO 15f)
3 Fair (GO TO 15e)
4 Poor (GO TO 15e)

8 Don't know (VOLUNTEERED) (GO TO 15f)
0 No response (GO TO 15f)

15e. Why do you say that the quality of health services you received from the physician was (fair/poor)? (DO NOT READ LIST. SELECT ALL THAT APPLY).

Care too rushed, not thorough, not complete
Lack of confidence in provider, lack of professional competence
Poor communication, poor follow-up, poor coordination of care, multi-referrals
Waited too long to get the appointment
The doctor was late for the appointment
Lack of privacy
Poor environment (e.g. messy, noisy)
Did not get the desired treatment
Got incorrect treatment
Lack of courtesy, respect
Lack of attention to my needs
No time to ask questions/ not involved in decisions
Not given adequate instructions on self-care
Other (Please Specify)
No Response

15f. How did the health care services you received from your doctor on this occasion affect your health? Would you say the results were...(READ)

1 Excellent
2 Good
3 Fair
4 Poor

8 Don't know
0 No Response

(OPTIONAL READ: Results might include understanding your own personal health or treatment if your health didn't change)

15g. How easy or difficult was it for you to obtain this service from your physician? Would you say it was...(READ)

1 Very easy (GO TO Q16a)
2 Easy (GO TO Q16a)
3 A bit difficult (ASK Q15h)
4 Very difficult (ASK Q15h)

8 Don't know (VOLUNTEERED) (GO TO Q16a)
0 No response (GO TO Q16a)

15h. What made it difficult for you? (DO NOT READ. SELECT ALL THAT APPLY)

Long waiting time at the office
Long waiting time for appointment
Doctor or specialist too far away/transportation problems
Difficulty finding a family physician who is taking new patients
Difficulty obtaining referral to specialist
Other (PLEASE SPECIFY)_____
No response

THE NEXT QUESTIONS ARE SPECIFICALLY ABOUT HEALTH SERVICES THAT YOU PERSONALLY RECEIVED AT A HOSPITAL IN ALBERTA IN THE PAST 12 MONTHS.

16a. In the past 12 months, have you PERSONALLY received health services at a HOSPITAL in Alberta, either as an overnight patient, a day patient, or through emergency?

1 Yes (Ask 16b)
2 No (Go to 17a)

0 No Response (Go to 17a)

16b. What type of hospital service did you receive?

(INTERVIEWER NOTE: If more than one, ask for the most recent service received)

1 Overnight (Inpatient)
2 Day (Outpatient)
3 Emergency

8 Don't know (VOLUNTEERED) (Go to 17a)
0 No response (Go to 17a)

16c. How would you rate the QUALITY of care you most recently received at the hospital? Would you say it was...(READ)

1 Excellent (GO TO 16e)
2 Good (GO TO 16e)
3 Fair (ASK 16d)
4 Poor (ASK 16d)

8 Don't know (GO TO 16e)
0 No Response (GO TO 16e)

16d. Why do you say that the quality of health services you received at the hospital was (fair/poor)? (DO NOT READ LIST. SELECT ALL THAT APPLY).

Care too rushed, not thorough, not complete
Lack of confidence in provider, lack of professional competence
Poor communication, poor follow-up, poor coordination of care, multi-referrals
Waited too long to get into hospital (before admission)
Waited too long at hospital before service provided
Lack of privacy
Too crowded
Shortage of staff, overworked/overloaded staff
Poor environment (e.g. messy, noisy)
Did not get the desired treatment
Got incorrect treatment
Lack of courtesy, respect from doctors
Lack of courtesy, respect from staff
Lack of attention to my needs from doctors
Lack of attention to my needs from staff
No time to ask questions; not involved in decisions
Sent home too soon
Not given adequate instructions on self-care
Other (Please Specify)
No Response

16e. How did the health care services you received at the hospital affect your health? Would you say the RESULTS were...(READ)

1 Excellent
2 Good
3 Fair
4 Poor

8 Don't know
0 No Response

(OPTIONAL READ: Results might include understanding your own personal health or treatment if your health didn't change)

16f. How easy or difficult was it for you to get this hospital service when you needed it? Would you say it was...(READ)

1 Very easy (GO TO Q17a)
2 Easy (GO TO Q17a)
3 A bit difficult (ASK Q16g)
4 Very difficult (ASK Q16g)

8 Don't know (VOLUNTEERED) (GO TO Q17a)
0 No response (GO TO Q17a)

16g. What made it difficult for you? (DO NOT READ. SELECT ALL THAT APPLY)

Location of hospital
Getting time off work/family responsibilities
Long waiting list for surgery or to be admitted
Long wait in emergency
Not enough doctors/nurses
Other (PLEASE SPECIFY)_____
No response

THE NEXT QUESTIONS ARE ABOUT THE HEALTH SERVICES THAT OTHER MEMBERS OF YOUR HOUSEHOLD RECEIVED AT A HOSPITAL IN ALBERTA IN THE PAST 12 MONTHS.

17a. In the past 12 months, did another person living in your household, like a spouse, child, parent or roommate receive health services at a HOSPITAL in Alberta. This could have been either as an overnight patient, a day patient, or through emergency?

1 Yes (ASK 17b)
2 No (GO TO 18a)

8 Don't Know (VOLUNTEERED) (GO TO 18a)
0 No Response (GO TO 18a)
9 Not applicable - no one else in the household (GO TO 18a)

17b. Which household member most recently received health services at a hospital in Alberta in the past twelve months? (DO NOT READ)

1 Spouse (including common-law)
2 Child (including step, adopted & foster)
3 Parent (including in-laws)
4 Other

0 No response

17c. What type of hospital service did he/she receive? Was it...(READ)

1 Overnight (Inpatient)
2 Day (Outpatient)
3 Emergency

8 Don't know (VOLUNTEERED) (Go to 18a)
0 No response (Go to 18a)

17d. How would you rate the quality of care he/she received at the hospital? Would you say it was...(READ)

1 Excellent (GO TO 17f)
2 Good (GO TO 17f)
3 Fair (ASK 17e)
4 Poor (ASK 17e)

8 Don't know (GO TO 17f)
0 No response (GO TO 17f)

17e. Why do you say that the quality of health service your household member received was (fair/poor)? (DO NOT READ LIST, SELECT ALL THAT APPLY)

Care too rushed, not thorough, not complete
Lack of confidence in provider, lack of professional competence
Poor communication., poor follow-up, poor coord.of care, multi-referrals
Waited too long to get into hospital (before admission)
Waited too long at hospital before service provided
Lack of privacy
Too crowded
Shortage of staff, overworked/overloaded staff
Poor environment (e.g. messy, noisy)
Did not get the desired treatment
Got incorrect treatment
Lack of courtesy, respect from doctors
Lack of courtesy, respect from staff
Lack of attention to my needs from doctors
Lack of attention to my needs from staff
No time to ask questions; not involved in decisions
Sent home too soon
Not given adequate instructions on self-care
Other (Please Specify)
No Response

17f. How did the health care services your household member received at the hospital affect his/her health? Would you say the results were...(READ)

1 Excellent
2 Good
3 Fair
4 Poor

8 Don't know (VOLUNTEERED)
0 No Response

(OPTIONAL READ: Results might include understanding his/her own personal health or treatment if his/her health didn't change)

IN PREVIOUS QUESTIONS, I ASKED ABOUT THE QUALITY OF CARE. IN THESE NEXT FEW QUESTIONS, I WOULD LIKE TO KNOW IF YOU WERE SATISIFIED WITH THE WAY IN WHICH THE HEALTH CARE SERVICES WERE PROVIDED TO YOU. PLEASE THINK ABOUT THE MOST RECENT OCCASION IN THE PAST 12 MONTHS WHEN YOU RECEIVED A HEALTH SERVICE PAID FOR BY THE ALBERTA HEALTH CARE INSURANCE PLAN.

18a. What type of health service did you receive most recently in the past 12 months? Was it (from a) ...

(READ. SELECT ONE RESPONSE ONLY)

1 Physician
2 Hospital as a day patient
3 Hospital as an overnight patient
4 Hospital emergency
5 Public health clinic
6 Service in own home
7 Public health laboratory (diagnostics/testing)
8 Support devices (e.g., Aids to Daily Living)
9 Other (PLEASE SPECIFY)_____

0 No response/don't know

[INTERVIEWER NOTE: IF RESPONSE IN V14a WAS 'NO' OR 'NO RESPONSE' SKIP TO Q20]

18b. How satisfied were you with THE WAY this health service was provided to you? Were you...(READ)

1 Very satisfied (ASK Q18c)
2 Somewhat satisfied (ASK Q18c)
3 Neither satisfied nor dissatisfied (GO TO Q20)
4 Somewhat dissatisfied (GO TO Q18d)
5 Very dissatisfied (GO TO Q18d)

8 Don't Know (VOLUNTEERED) (GO TO Q20)
0 No Response (GO TO Q20)

18c. What made you satisfied with THE WAY the service was provided? (DO NOT READ. SELECT ALL THAT APPLY)

Provider was friendly
Provider listened to what I said
Provider explained things; answered my questions
The service was efficient; did not waste my time; no waiting time
Provider seemed to care about me
The place was tidy and pleasant
Service was very professional
Provider did satisfactory/good/acceptable job/got positive result
Provider discussed options/choices
Other (PLEASE SPECIFY)_____
No response

[INTERVIEWER NOTE: GO TO Q20]

18d. What made you dissatisfied with THE WAY the service was provided? (DO NOT READ. SELECT ALL THAT APPLY)

Provider was not friendly
Provider did not listen to what I said
Service was rushed
I did not understand what was being done/said
I did not think the provider was doing things properly
Service was poor quality
I was left alone too long
Service took too much time; waited too long
Provider did not seem to care about me
The place was untidy, crowded, or unpleasant
Provider did unsatisfactory/poor job/didn't get positive result
Provider did not discuss options/choices
Other (PLEASE SPECIFY)_____
No response

THE NEXT QUESTION IS ABOUT INFORMATION AND DECISION-MAKING ABOUT HEALTH SERVICES. (OPTIONAL READ: HEALTH SERVICES INCLUDE SERVICES AVAILABLE FROM HOSPITALS, PHYSICIANS' CLINICS, LONG TERM CARE FACILITIES, PUBLIC HEALTH SERVICES, HOME AND COMMUNITY HEALTH SERVICES, AND REGIONAL HEALTH AUTHORITIES).

20. In general, do you believe you have enough information to make informed decisions about the health care services you need? Would you say....(READ)

1 Always
2 Often
3 Sometimes
4 Never

8 Don't know (VOLUNTEERED)
0 No response

THE NEXT QUESTIONS ARE ABOUT OTHER HEALTH ISSUES.

21a. In the past 6 months, have you PROVIDED any health care support to a family member? (A family member includes spouse/partner, parent, grandparent, sibling, child, or grandchild.)

1 Yes (GO TO 21b)
2 No (GO TO 21d)

0 No Response (GO TO 21d)

(OPTIONAL READ: Health care support includes any type of help or support to a person because of a health condition.)

21b. What kind of help did you provide? (DO NOT READ. SELECT ALL THAT APPLY)

Emotional/moral support/companionship/advice
Home care/personal care
Palliative care (care for the dying)
Household cleaning/cooking/grocery shopping/errands
Child care
Transportation
Financial support/paid for supplies or medicine
Other (PLEASE SPECIFY)
No response

21c. How would you describe the effects of providing this support? Would you say that it was...(READ)

1 Not an inconvenience
2 A minor inconvenience or disruption
3 A major disruption of my normal activities

0 No Response

21d. In the past 6 months, have you paid to obtain health care support IN THE HOME, either for yourself or for a family member? (A family member includes spouse/partner, parent, grandparent, sibling, child, or grandchild.)

1 Yes (GO TO 21e)
2 No (GO TO 22a)

0 No Response (GO TO 22a)

(OPTIONAL READ: Includes any type of support to a person because of a health condition)

21e. Was any of this cost paid through private insurance?

1 Yes
2 No

8 Don't Know
0 No Response

21f. What type of health care support was involved? (DO NOT READ. SELECT ALL THAT APPLY)

Home care nurse/attendant
Housekeeper/cleaner/yard worker
Child care/postnatal services
Live-in companion
Medical supplies
Prescriptions/medications
Health professionals (e.g. physiotherapists)
Alternative therapies (acupuncture, chiropractic, homeopathy, massage)
Counselling
Financial support/pay premiums
Other (PLEASE SPECIFY)
No Response

22a. At this time, are you or a person LIVING in your household waiting for a medical treatment, consultation, surgery, home care services, or long term care placement?

1 Yes (GO TO 22b)
2 No (GO TO 23a)

0 No Response (GO TO 23a)

22b. What are you or the person in your household waiting for? (DO NOT READ. SELECT ONE RESPONSE)

1 Surgery/cataract removal
2 Consultation/diagnosis/tests/see specialist
3 Medical treatment/see doctor
4 Home care services
5 Long-term placement
6 Community rehab. services-physiotherapy, audiology, speech therapy
7 Dental treatment/surgery
8 Other (PLEASE SPECIFY)

0 No Response

(INTERVIEWER NOTE: If person is waiting for more than one service, choose the lowest number on the list. So, if person is waiting for surgery and medical treatment, select surgery (number 1))

THE NEXT QUESTIONS ARE AGAIN ABOUT ALBERTA'S HEALTH SYSTEM OVERALL.

(OPTIONAL READ: The health system includes hospitals, physicians' clinics, long term care facilities, public health services, home and community health services, regional health authorities, and the provincial department of health).

23a. Thinking now about the health care system in Alberta, overall, how would you rate it? Would you say it is...(READ)

1 Excellent (GO TO 24)
2 Good (GO TO 24)
3 Fair (ASK 23b)
4 Poor (ASK 23b)

8 Don't Know (VOLUNTEERED) (GO TO 24)
0 No Response (GO TO 24)

23b. What is it about the health system that makes you rate it (fair/poor)? (DO NOT READ LIST. SELECT A MAXIMUM OF 3 RESPONSES)

Not satisfied with service received
Cuts in funding
Hospital closures, bed shortages
Fewer health services
Staff shortage (doctors, nurses, other health personnel; staff overworked)
Doctors leaving
Low quality of care (includes all interactions with staff e.g. no time)
User fees
It is getting worse
Health system should be privatized (support Bill C-11)
Health system should NOT be privatized (oppose Bill C-11)
Abortion funding
Focus on costs, not health
Hard to get services (e.g. access problems like travel)
Long wait time for service (e.g. long wait to see professional)
Alberta Health Care Insurance premiums (all comments)
Board members should be elected (not appointed)
Other (PLEASE SPECIFY)
No Response

24. Overall, how satisfied are you with the health system in Alberta? Would you say you are... (READ)

1 Very satisfied
2 Somewhat satisfied
3 Neither satisfied nor dissatisfied
4 Somewhat dissatisfied
5 Very dissatisfied

0 No Response

THE NEXT QUESTION IS ABOUT HEALTH SERVICE PERFORMANCE INFORMATION. HEALTH SERVICE PERFORMANCE INFORMATION INCLUDES STATISTICS OR REPORTS ABOUT THE QUALITY OF SERVICES, ACCESS TO SERVICES, NUMBER OF SERVICES PROVIDED, SATISFACTION WITH CARE, AND SIMILAR TOPICS RELATED TO THE DELIVERY OF HEALTH SERVICES IN ALBERTA.

25a. In the past year, have you seen or read any statistics or reports on health service performance in Alberta?

1 Yes
2 No (GO TO 26a)

8 Don't Know (VOLUNTEERED) (GO TO 26a)
0 No Response (GO TO 26a)

25b. Were these statistics or reports produced by the Ministry of Alberta Health and Wellness (Alberta government department of Health)?

1 Yes
2 No

8 Don't Know (VOLUNTEERED)
0 No Response

THESE FINAL QUESTIONS WILL GIVE US A BETTER PICTURE OF THE PEOPLE WHO TOOK PART IN THIS STUDY.

26a. Including yourself, how many people NORMALLY live in your household?

_____ Total number of people including children

-1 No Response

26b. How many of these people are under 18 years of age?

_____ Number of children

-1 No Response

27. What is the highest level of education you have attended or completed? (DO NOT READ LIST)

1 No schooling
2 Some Elementary
3 Completed Elementary
4 Some Secondary
5 Completed Secondary
6 Some college, technical, or nurse's training
7 Completed college, technical, or nurse's training
8 Some University
9 Completed University
10 Other education or training (PLEASE SPECIFY)

0 No Response

29. What was your total HOUSEHOLD income before taxes last year? (IF NECESSARY, PROBE WITH CATEGORIES)

1 UNDER $6000	12 $26000-27999	23 $60000-64999
2 6000-7999	13 28000-29999	24 65000-69999
3 8000-9999	14 30000-31999	25 70000-74999
4 10000-11999	15 32000-33999	26 75000-79999
5 12000-13999	16 34000-35999	27 80000-84999
6 14000-15999	17 36000-37999	28 85000-89999
7 16000-17999	18 38000-39999	29 90000-94999
8 18000-19999	19 40000-44999	30 95000-99999
9 20000-21999	20 45000-49999	31 100000+
10 22000-23999	21 50000-54999	32 Don't know
11 24000-25999	22 55000-59999	0 No response

30. To ensure that we reach respondents in all areas of the province, would you please tell me your postal code?

(IF DON'T KNOW, PRESS "2" TO OPEN A WINDOW AND ASK:
What is the name of your city/town?)

1 ENTER POSTAL CODE (Opens a window)

2 Don't know (Ask: What is the name of your city/town?)

0 No Response

[INTERVIEWER NOTE: POSTAL CODE FORMAT: # LETTER # (space) LETTER # LETTER. IF RESPONDENT DOESN'T WISH TO GIVE ALL 6 DIGITS OF POSTAL CODE, ASK FOR FIRST THREE. IF RESPONDENT WILL NOT PROVIDE POSTAL CODE AT ALL, PLEASE ASK FOR THE NAME OF THE CITY/TOWN.]

31. Finally, if you could change ONE thing in the health care system, what would it be? (OPEN ENDED)

[HAVE RESPONDENT CLARIFY AMBIGUOUS INFORMATION. GET SPECIFIC SUGGESTIONS AND COMMENTS FROM RESPONDENT.]

WE'VE REACHED THE END OF THE INTERVIEW. I WOULD LIKE TO THANK YOU VERY MUCH FOR YOUR TIME AND COOPERATION.